



Heritage Asthma Policy and Procedures

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Policy Statement

The Heritage Asthma Policy has been developed to ensure Heritage meets its duty of care and legislative requirements to protect the health, safety and wellbeing of educators, staff and parents/guardians as far as practicable and to ensure the Heritage community is aware of their obligations and the best practice management of asthma at Heritage.

This policy meets the requirement of the National Law Section 167 that requires every reasonable precaution to be taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury. It also meets the requirement to have policies and procedures in relation to managing medical conditions and a child-safe environment. Heritage aims to meet or exceed the National Quality Standard in relation to the health and safety of enrolled children.¹

Heritage understands that the safety and wellbeing of children who are at risk of asthma is a "whole-of-community" responsibility. We recognise the need to work with families and educators to implement health care plans and adopt a range of procedures and risk management strategies to minimise the asthma triggers in the Heritage environment.

While Heritage 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.

Background

Asthma is a chronic, treatable, health condition affecting approximately 1 in 9 (Asthma Australia, 2021). With good asthma management, people with asthma need not restrict their daily activities. Heritage recognises that community education assists in generating a better understanding of asthma within the community and minimising its impact.

The prevalence of asthma in Australia is high by international standards. Asthma is a serious condition that leads to the deaths of almost 400 Australians each year. Asthma is also generally a manageable condition, and people can live a full and uninhibited life unhindered by its symptoms. Asthma affects people of all ages, from childhood to adulthood, and it can appear at all ages and stages of life. While the rate of asthma in children in Australia has declined over the past decade, it has remained stable in adults (National Asthma Council Australia, 2018).

It is not known why some people develop asthma, although it is thought that genetics play a part, and often people with asthma have a family history of asthma, eczema and hay fever. Other research shows environmental factors are also important. Exposure to tobacco smoke, especially as a young child or as a baby, obesity and some workplace chemicals can increase the risk of developing asthma.

Symptoms

Asthma is when the smaller airways of the lungs become narrow due to inflammation followed by swelling of their walls. Airflow is reduced which results in wheezing and coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath. Symptoms may vary between children. It is a common reason for childhood admission to hospital and if untreated can be fatal.

Diagnosis and Treatment

It is not easy to diagnose asthma in children under 5 as there are many reasons for wheezing/coughing at that age. Once diagnosed, treatment is usually with trials of different doses of reliever medication to reduce the symptoms as they occur. Anti-inflammatory preventer medication is usually only used in children with more frequent episodes of asthma.

¹ Refer to: Appendix 1: Relevant National Law, Regulations and Quality Standards

Triggers

Every child has different triggers that cause the airways to narrow. Common triggers are house dust mite, pollens, animal fur, moulds, tobacco smoke and cold air. Some foods may trigger asthma attacks. Exercise is a common trigger but can be well managed with pre-exercise medication and warm-up activities. With appropriate treatment, it is not usually necessary to change the environment of a child with asthma (eg, diet or bedding), however the Heritage strategy is, as far as practicable, to identify and minimise triggers.

Heritage recognises that children under 6 do not have the skills to recognise and manage their asthma and need assistance to use reliever/preventer puffers in conjunction with a spacer/mask. In addition, Heritage understands the importance of training educators to understand asthma, to have strategies in place to minimise the risk of an asthma emergency and to be able to recognise and manage a child who is having an asthma attack.

Heritage will utilise information services on triggering conditions in the ACT such as thunderstorm asthma events predicted by ACT Health and high pollen level forecasts.

ACT Health Alerts: <https://www.health.act.gov.au/public-health-alerts>
Canberra Pollen Count and Forecast: <https://www.canberrapollen.com.au/>

Policy Aims

The Heritage Asthma Policy and Procedures aims to:

- Provide a safe and healthy environment for all children enrolled at the service diagnosed with asthma.
- Ensure that all necessary information for the effective management of enrolled children diagnosed with asthma is collected and recorded.
- Ensure educators and families are aware of the Asthma policy, their obligations and best practice management of asthma at Heritage.
- Provide the necessary management strategies to minimise the risk of an asthma emergency and to ensure the health, safety and wellbeing of enrolled children who are diagnosed with asthma.
- Provide a clear set of procedures to be followed by educators in the event a child suffers an asthma attack.
- Respond appropriately to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.
- Provide an environment in which children with asthma can participate in all Heritage activities to the full extent of their capabilities in order to fulfil their potential.
- Raise awareness of asthma amongst the Heritage community and provide ongoing education about asthma to educators and families and all others that engage with children enrolled at Heritage.

Scope

This policy applies to the Management Committee, Director, educators, other staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Heritage Early Childhood Centre, both on the premises and during excursions/off-site activities.

It is understood that there is a shared legal responsibility and accountability between all stakeholders. While Heritage management 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.

Rationale

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide the Heritage community with a safe and healthy environment *Work Health and Safety Act, 2011*). In addition, the Heritage Asthma Policy and Procedures have been developed to comply with:

- *Education and Care Services National Law (ACT) Act 2011*.

- *Education and Care Services National Regulations (ACT) 2011.*
- *National Quality Standard for Early Childhood Education and Care 2012.*²
- *Privacy Act 1988 (Cwth)*
- Asthma Australia guidelines.
- St John Ambulance guidelines.
- The Heritage Medical Conditions Policy and Heritage Medication Policy.

Definitions

Approved Emergency Asthma Management Training: Training approved by the National Authority in accordance with Division 7 of the National Regulations and is listed on the ACECQA website. (The 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 educators attend an ACAP session. The program also provides resources to parents/guardians and carers of children with asthma.

Asthma Care Plan: A record of information on an individual child's asthma management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. A plan specifically for use in children's services is provided at: <https://asthma.org.au/wp-content/uploads/2020/11/AACPED2020A4-Care-Plan-for-Schools.pdf>. See Attachment 1.

Asthma Emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma Emergency Kit: A specialised first aid kit for asthma that contains:

- Reliever medication
- 2 x small volume spacer devices
- 2 x compatible children's face masks
- Medication Record Form
- Asthma first aid instruction card.
- **Note:** 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).

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 Vulnerable People Check (Regulations 146–149).

² Refer to: Appendix 1: Relevant National Law, Regulations and Quality Standards

Summary of Key Responsibilities

Role	Responsible For:
Management Committee	<ul style="list-style-type: none"> • Ensuring that the Asthma Policy and Procedures is regularly updated, easily accessible at the service, and meets all legislative requirements including ensuring the development of a Risk Minimisation Plan and Communication Plan for each child at the service diagnosed as at risk of asthma (Attachment 4: Medical Condition Management Plan). • Ensuring the service meets or exceeds all obligations under the Education and Care National Law and Regulations. • Ensuring the service Director adheres to the strategies and procedures set out in this policy. • Supporting the service Director to ensure the adequate provision and maintenance of first aid kits including an emergency asthma kit. • Ensuring there are policies and procedures place to ensure that medication is administered safely.³ • Supporting the service Director to ensure educators have approved Emergency Asthma Management (EAM) training as per the National Regulations. • Ensuring that the service has procedures in place to ensure children with asthma are not discriminated against in any way by the service and that children with asthma can participate in all activities safely and to their full potential.⁴ • Working with the Director to respond to complaints and notifying CECA in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.
Director or Responsible Person in Charge	<ul style="list-style-type: none"> • Providing educators and families with a copy of the Educator/Relief Educator or Family Handbook including asthma management procedures, as part of the Staff Induction/Family Enrolment and Orientation Procedures.⁵ • Identifying children with asthma during the enrolment process. • Providing parents/guardians with a copy of the service's Medical Condition Management Policy and Medication Policy on enrolment when the child has a specific health care need, allergy or other relevant medical condition. (Regulation 91). • Ensuring that all educators' first aid qualifications including anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA. • Ensuring the details of approved Emergency Asthma Management training are included on the staff record. • Providing parents/guardians of children with asthma with an Asthma Care Plan during the enrolment period or on initial diagnosis to be completed in consultation with, and signed by, a medical practitioner. • Filing Asthma Care Plans with the child's enrolment record and in the

³ Refer to: Medication Policy; Medical Conditions Policy

⁴ Refer to: Creating Inclusion and Equity Policy

⁵ Refer to: Employment and Recruitment Policy; Enrolment, Orientation and Graduating Rooms Policy.

child's asthma medication kit.

- Completing a Medical Condition Management Plan including a Risk Minimisation Plan and Communication Plan for every enrolled child with asthma, in consultation with parents/guardians and filing this with their enrolment form.⁶ (Attachment 4).
- Compiling a list of children with asthma and filing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child.
- Ensuring that all educators are informed of the children with asthma in their care.
- Ensuring that induction procedures for casual and relief staff, students and regular volunteers, include information about enrolled children diagnosed with asthma, and the location of their medication and action plans.
- Ensuring there is on the premises at all times at least one educator who has undertaken approved emergency asthma training. Heritage exceeds this requirement. All permanent educators must have up to date first aid qualifications including EAM.
- Ensuring the service has an Asthma Emergency Kit and educators are aware of its' location and able to easily access it at all times.
- Ensure the expiry date of the contents of the Asthma Emergency Kit are regularly checked and updated accordingly.
- Ensure that the Asthma Emergency Kit is taken with the Portable First Aid Kit on excursions and in the event of evacuation or lockdown.⁷
- Ensuring that all staff are aware of the asthma first aid procedure.
- Ensuring that emergency asthma first aid posters are displayed in key locations (See Attachment)
- 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, a parent/guardian of the child and emergency services is notified as soon as is practicable (Regulation 94).
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma⁸.
- 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 consistent with current national recommendations (see previous section).
- Supporting all educators to attend training and continue their learning on how to manage an asthma emergency.
- Where appropriate, organise information sessions on asthma for families.
- Encourage open communication between families and educators regarding the status and impact of a child's asthma.

⁶ Refer to: Medical Conditions Policy

⁷ Refer to: Excursions and Incursions Policy; Emergency and Evacuation Policy

⁸ Refer to: Individual and Additional Needs Policy; Curriculum and Program Planning Policy; Creating Inclusion and Equity Policy.

	<ul style="list-style-type: none"> • Promptly communicate any concerns to families when it is deemed a child’s asthma is limiting their ability to participate fully in all activities.
<p>Room Leader</p>	<ul style="list-style-type: none"> • Ensuring they are familiar with the Asthma Policy and asthma first aid procedures. • Ensuring they are aware of the children in their room with asthma. • 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. • Ensuring, in consultation with families, the health and safety of each child with asthma, through the supervised management of the child’s asthma in accordance with their Medical Condition/Risk Minimisation/Communication Plan (Attachment 4). • Maintaining current approved Emergency Asthma Management (EAM) qualifications. • Identifying and, where practicable, minimising asthma triggers as outlined in the child’s Asthma Care Plan. • Where necessary, modifying activities in accordance with a child’s individual needs and abilities.⁹ • Having each child’s Asthma Care Plan available in their room for educators to follow in an emergency. • 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 Medication Policy. • Discussing with parents/guardians the requirements for completing the medication record for their child. • Ensure children’s asthma kits that are kept at Heritage are washed appropriately. (See: Cleaning Equipment). • Where a child has a first-time attack and no Asthma Care Plan is available, following the procedure outlined in the Heritage First Aid Action Response. • Ensuring that parents/guardians of a child and emergency services are notified as soon as practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94).¹⁰ • Promptly communicating to the Director and family any concerns that a child’s asthma is limiting their ability to participate fully in activities. • Ensuring that children with asthma are not discriminated against in any way and that children with asthma can participate in all activities safely and to their full potential.
<p>Educators</p>	<ul style="list-style-type: none"> • Being familiar with the Heritage Asthma Policy and procedures for the Asthma First Aid Action Response. • Ensuring their Emergency Asthma Management training is up to date and attending asthma training sessions to continue to learn how best to recognise/respond to an asthma emergency. • Ensuring they know which children in their room have asthma, can identify asthma attack symptoms and know the location of their Asthma Action

⁹ Refer to: Creating Inclusion and Equity Policy

¹⁰ Refer to: Medication Policy

	<p>Plans.</p> <ul style="list-style-type: none"> • Ensuring, in consultation with families, the health and safety of each child with asthma, through the supervised management of the child’s asthma in accordance with their Medical Condition Management Plan, including Risk Minimisation Plan and Communication Plan (Attachment 4). • Knowing the location of Asthma Emergency Kits. • Identifying and, where practicable, minimising asthma triggers as outlined in the child’s Asthma Care Plan. • Ensuring asthma medication is stored appropriately, in the medication cabinet or basket, out of the reach of children, and not left in bags.¹¹ • Ensuring that all regular prescribed asthma medication is administered in accordance with the information on the child’s written Asthma Care Plan and the Medication Policy. • Documenting the use of medication according to the Medication Policy. • Ensuring children’s asthma kits that are kept at Heritage are washed appropriately (See: Cleaning Equipment). • Informing the family or Heritage management of any concerns regarding a child’s asthma. • Ensuring that children with asthma are treated the same as all other children and can participate in all activities safely according to their ability to fulfil their full potential.
<p>Families</p>	<p>All enrolled families are responsible for:</p> <ul style="list-style-type: none"> • Becoming familiar with the service policy and procedures and reading the Family Handbook. A Summary of Key Responsibilities is provided in each policy. • Complying with the risk minimisation procedures outlined in this policy. • Signing on enrolment, written permission to allow Heritage educators to administer Panadol, Epipen, Ventolin or antihistamines. These will only be given in the event of an emergency and only at the discretion of the Room Leader or Director. • Understanding that asthma and anaphylaxis medication may be given in an emergency according to the First Aid Procedure without authorisation. ¹². <p>Families of a child diagnosed with asthma are responsible for:</p> <ul style="list-style-type: none"> • Becoming familiar with the Heritage Asthma policy, particularly the Summary of Key Responsibilities. • Reading the Family Handbook. • Informing the Director or Room Leader, either upon enrolment or initial diagnosis, if their child has asthma. • Working collaboratively with the service and providing all relevant and up to date information regarding the child’s asthma via the Medical Conditions Management Plan and Asthma Care Plan (or equivalent) prior to attendance. Failure by families to provide a plan will result in the Non-Compliance Policy and Procedures being put into action. • Checking and updating their child’s Asthma Care Plan every 6 months or as required.

¹¹ Refer to: Medication Policy

¹² Refer to: First Aid Policy for Injury, Illness or Trauma; Medication Policy.

	<ul style="list-style-type: none"> • Developing a Risk Minimisation Plan as part of the Medical Conditions Management Plan (Attachment 4) for their child. • Notifying the Director or Room Leader in writing, of any changes to their child’s Enrolment Form details, Medical Conditions Plan or Asthma Care Plan during the year - any changes in the dosage of medication required must be authorised by the child’s GP. • Ensuring their child has an adequate supply of appropriate asthma medication and their own spacer device/mask at all times. This means it must be brought to Heritage every day or a duplicate kit stored appropriately at Heritage. • Washing a new spacer before use for the first time to avoid static build up. • Getting the spacer checked by a G.P., pharmacist, nurse or asthma educator every 6 months to check the structure is intact (eg. no cracks) and the valve is working properly. • Ensuring their child’s asthma medication is stored appropriately on arrival in the medication cabinet/basket, out of reach of children, and not left in bags.¹³ • Complying with all procedures in relation to the Medication Form. • Communicating all relevant information and concerns to the Room Leader or educators as the need arises eg. asthma symptoms present the night before attending Heritage. • Aiming for good asthma management at home by taking their child regularly for asthma reviews with their G.P. and following medical advice on taking medication. • Ensuring, in consultation with the Room Leader and educators, the health, safety and wellbeing of their child. • Encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.
<p>Relief Staff, Students and Regular Volunteers</p>	<ul style="list-style-type: none"> • Becoming familiar with the service policies and procedures and reading the Relief Educator Handbook. • Following this policy and its’ procedures while at the service. • Being aware of children in their room who have diagnosed asthma. • Complying with the risk minimization strategies in this policy. • Ensuring they are aware of the procedures for first aid treatment for asthma (Attachment 1). • Bringing relevant issues and concerns to the attention of both educators and the Director.

Strategies and Practices

First Aid Qualification Requirements

- From October 2017, the National Regulations and National Law was amended to allow any staff member (not only an educator) or nominated supervisor to be immediately available who holds an approved first aid, anaphylaxis and emergency asthma management qualification (Regulation 136).
- As a duty of care, Heritage ensures all permanent educators hold these qualifications.

¹³ Refer to: Medication Policy

Asthma Emergency Kit

The Heritage Asthma Emergency Kit is kept in the First Aid Box in the Main Office and contains:

- Blue reliever medication puffer (Ventolin)
- Two small volume plastic spacers, compatible with the puffer
- Two facemasks, suitable for use in children under five years of age
- A medication record log to track usage of the blue reliever
- Directions for use of the spacer
- Asthma first aid steps



- All educators and relief educators will be informed of the location of the Asthma Emergency Kit during the induction procedure.
- The Asthma Emergency Kit will be taken in addition to the portable first aid kit on excursions and in the event of evacuation or lockdown.
- The Asthma Emergency Kit contains **single-person use spacers/masks** and becomes the property of the child's family after use. **The family is responsible for promptly replacing the spacer/mask.**
- It may be necessary to 'prime' the spacer by firing 2–4 puffs into it to begin with. This ensures there is no static build-up inside which can cause the medication to stick to the sides.

Cleaning of Equipment

If a child stores a duplicate Asthma Medication Kit at Heritage and uses the reliever puffer and spacer/mask, Heritage educators will ensure the kit is washed **once a month**, using the guidelines below from the National Health and Medical Research Council.

- Ensure the canister is removed from the puffer container.
- Wash devices thoroughly in hot water and kitchen detergent. Do not rinse.
- Allow devices to 'air dry'. Do not rub dry. Drying with a cloth or paper towel can result in static build up on the inside of the spacer, which makes the medication stick to the sides.
- When dry, wipe with an alcohol swab (eg. Medi-Swab), paying particular attention to the inside and outside of the mouthpiece of the devices.
- When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air.
- If any device is contaminated by blood, it will be returned to the family.

Displays

- The Asthma First Aid Action Response (Attachment 1) is laminated and clearly displayed in each Room.
- The Asthma Australia First Aid Poster (Attachment 3) is displayed in prominent places around the service.

Risk Management Strategies

Triggers for asthma include:

- House dust mite - more prevalent in an environment with carpet, rugs.
- Upholstered furniture and fluffy toys.
- Flowering plants, mildew and mould.
- Domestic chemicals such as pesticides, cleaning agents, bleach and chlorine.
- Agents, deodorants, room sprays, perfumes, paints, food preservatives.
- Hobby chemicals such as glues, solvents and paints.
- Dust from animals, pets and birds.
- Dust from pest infestations, especially cockroaches, mice and rats.

Heritage aims to reduce exposure of children and educators to indoor triggers by:

- Regularly vacuuming carpet, rugs, upholstered furniture.
- Regularly shampooing carpet, rugs and upholstered furniture and washing fluffy toys.
- Regularly washing blankets, doonas and other bedclothes.
- Treating and preventing growth of mould and mildew indoors.
- Considering the possibility that traces of food allergens that may be present on craft materials used by the children (eg. egg cartons, cereal boxes, milk cartons).
- When using chemical sprays such as pesticides and cleaning agents, spraying when children are not present and minimising the use of toxic chemicals as far as possible, without affecting hygiene standards.¹⁴
- Controlling pest infestations, especially cockroach.
- Keeping animals outside.¹⁵
- Keeping children away from renovations or painting that is occurring at the centre.
- Asking employees to reduce the use heavy perfumes/spray aerosol deodorants at work.
- Keeping windows shut when there may be bushfire smoke, thunderstorm, high pollen counts or pollution in the air.¹⁶

Excursions, Evacuations and Lockdowns

- Supervision of at-risk children will be increased on regular outings, excursions, evacuations and lockdowns and during service events.
- A portable first aid kit will be taken on all excursions, evacuations and to designated safe areas during lockdowns and will be used to store medications required by children at risk of asthma and the Emergency Asthma First Aid Kit.
- Emergency contact and medical information, including each child's Asthma Action Plan, will be taken on excursions, evacuations and to safe areas during Lockdowns.
- Educators will adhere to this policy and the Medical Conditions Policy and Medication Policy on excursions and ensure medication is administered in a safe and hygienic way.¹⁷

Emergency Procedures for an Asthma Attack

- If a child, educator or other staff member develops signs of what appears to be an asthma attack, appropriate care must be given immediately.
- Regardless of whether the attack is mild, moderate or severe, treatment should commence **immediately** as a delay may increase the severity of the attack and ultimately risk the child/person's life.
- If a child has written instructions on their **Asthma Care Plan (Attachment 2)**, educators will follow these instructions immediately.

¹⁴ Refer to: Dangerous Products Policy

¹⁵ Refer to: Attachment 5: Checklist for Asthma Risk Management

¹⁶ Refer to: Work Health and Safety Policy; Emergency and Evacuation Policy

¹⁷ Refer to: Emergency and Evacuation Policy; First Aid Policy; Supervision and Water Safety Policy; Meeting Individual Needs Policy; Excursions and Incursions Policy; Medication Policy.

- If no instructions are available, educators will immediately commence the standard asthma emergency protocol given (**Attachment 3: First Aid Poster**).
- If a child does not have diagnosed asthma and appears to be having an asthma attack or breathing difficulties, an ambulance will be called immediately, and the asthma emergency protocol followed (**Attachment 1: First Aid Action Response**).
- In an emergency, the blue reliever puffer medication used may be the child's own, from the first aid kit or borrowed from another child. It does not matter if a different brand of reliever medication to the child's usual medication is used.
- Only educators who have completed a first aid course may administer the blue reliever puffer.
- The child's family must be informed even if the child has a complete recovery from the asthma attack.
- The treatment given should be recorded on the Illness Form and in the Medication Form.

Monitoring, Evaluation and Review

- This policy will be monitored to ensure compliance with legislative requirements.
- Heritage will review this policy in accordance with the regular policy review schedule or if deemed necessary through the identification of practice gaps or following an incident.
- Families and educators are recognised as essential stakeholders in the policy review process and will be encouraged to be actively involved in any review.
- In accordance with Regulation 172 of the *Education and Care Services National Regulations 2011*, Heritage will ensure that families of children enrolled at the service are notified at least 14 days before making any change to this policy or a related procedure that may have significant impact on the provision of education and care to any child enrolled at the service, a family's ability to utilise the service, the fees charged or the way in which fees are collected.

Related Policies

Name	Location
Allergy and Anaphylaxis Policy	Policy and Procedures Manuals in Office, Main Entrance and Staff Resources Room.
Dangerous Products Policy	
Excursions and Incursions Policy	
Enrolment and Graduating Rooms Policy	
Emergency and Evacuation Policy	Heritage Handbook for Families, Educator Handbooks.
First Aid for Injury, Trauma and Illness Policy	
Hygiene and Infection Control Policy	
Illness and Infectious Diseases Policy	Policy and Procedures in Members' Area of Heritage website.
Medical Conditions Policy	
Medication Policy	
Privacy and Confidentiality Policy	
Supervision and Water Safety Policy	
Supporting Children's Individual Needs Policy	

References and Further Reading

- Asthma Australia** (2020). *Understanding Asthma in Children*
<https://asthma.org.au/blog/understanding-asthma-in-children/>
- Asthma Australia – Resources**
<https://asthma.org.au/what-we-do/how-we-can-help/resources/>
- Asthma Australia – Asthma Care Plan for Education and Care Service**
<https://asthma.org.au/wp-content/uploads/2020/11/AACPED2020A4-Care-Plan-for-Schools.pdf>
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<https://www.nationalasthma.org.au/understanding-asthma>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services.* 5th edition.

<https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch5-5-staying-healthy.pdf>

University of Melbourne Early Learning Centre. (2014). *Asthma Policy.*

Useful Websites

Asthma Australia (comprises the Asthma Foundations of each State and Territory including The Asthma Foundation ACT (AFACT): <https://asthma.org.au/>

Australian Society for Clinical Immunology & Allergy (ASCIA): <https://www.allergy.org.au/>

The National Asthma Council Australia: [www.nationalasthma.org.au](http://www.kidswithasthma.com.au/) or

<http://www.kidswithasthma.com.au/>

St. John Ambulance Australia: www.stjohn.org.au

Contacts, Factsheets and Action Plans

Asthma Australia First Aid Poster:

<https://asthma.org.au/wp-content/uploads/2020/06/AAFAA4-First-Aid-2020-A4.pdf>

Asthma Australia – Ph: 1800 ASTHMA (1800 278 462)

Asthma Australia – Asthma Care Plan for Education and Care Service

<https://asthma.org.au/wp-content/uploads/2020/11/AACPED2020A4-Care-Plan-for-Schools.pdf>

Betterhealth Channel – Asthma – School and Child Care

<https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/asthma-school-and-child-care?viewAsPdf=true>

NPS Medicinewise - Managing Asthma and Wheeze in the Under 6's:

<https://www.nps.org.au/assets/An-introduction-to-managing-asthma-and-wheeze-in-children-under-6-accessible.pdf>

National Asthma Council Australia - Factsheets

<https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/factsheets>

National Asthma Council Australia – Asthma and Allergy Sensitive Products

<https://www.nationalasthma.org.au/about-us/our-initiatives/sensitive-choice-of>

St John Ambulance Australia - Managing an Asthma Attack Fact Sheet.

https://stjohn.org.au/assets/uploads/fact%20sheets/english/Fact%20sheets_asthma.pdf

Sydney Children's Hospital - Asthma Factsheets

<https://www.schn.health.nsw.gov.au/fact-sheets/index/10>

Sydney Children's Hospital - Asthma Resource Pack

<https://www.schn.health.nsw.gov.au/fact-sheets/asthma-and-your-child-a-resource-pack-for-parents-and-carers>

Royal Children's Hospital - Asthma Factsheet

https://www.rch.org.au/kidsinfo/fact_sheets/asthma/

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	September 2009	Management Committee	Author: Julia Charters Created a separate policy to accompany Asthma Action Plan form. Updated form based on Asthma Action Plan from the Asthma Foundation.
2	October 2013	Management Committee	Author: Julia Charters Updated Rationale, Resources and Related Policies sections. <ul style="list-style-type: none"> Updated Equipment section to include new

			<p>Asthma Emergency Kit and that from July 2012, Asthma Australia implemented a national policy of single-person use spacers in these kits.</p> <ul style="list-style-type: none"> • Added Asthma Emergency Kit must be taken in the event of evacuation or lockdown. • Updated Cleaning of Equipment section to include educators must wash spacers once a month if part of a child’s own kit stored at Heritage • Clarified procedures in Asthma First Aid Action Response table.
3	October 2017	Director	<p>Update to National Law and Regulations. From October 2017 a staff member (not only an educator) or nominated supervisor to be the person immediately available who holds an approved first aid, anaphylaxis and emergency asthma management qualification.</p>
4	8 March 2020	Management Committee	<p>Author: Julia Charters. No changes to procedures. Added Definitions. Added section on Legislative Background. Added more comprehensive Summary of Responsibilities with references to specific regulations. Updated all links, references and factsheets. Added attachments: Asthma Australia Care Plan; Asthma Australia First Aid Poster; Checklist for Asthma Risk Minimisation Plan</p>

Attachment 1: Asthma First Aid Action Response

Regardless of whether the attack is mild, moderate or severe, **treatment should commence immediately**. A delay may increase the severity of the attack and ultimately risk the child/person's life.

Call Emergency Assistance Immediately Dial 000 if:

- The child/person is not breathing
- The child/person's asthma suddenly becomes worse or is not improving
- 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.**

Asthma First Aid - Child has Asthma but no Action Plan

1. **Sit the child upright and remain calm to reassure them. Do not leave them alone.**
2. Use a spacer and mask from the **Asthma Emergency Kit**.
 - a. Shake puffer and put 1 puff into spacer
 - b. Ask child to take 4 breaths from spacer
 - c. Repeat until 4 puffs have been given into spacer
3. Wait 4 minutes.
4. If there is no improvement, repeat step 2 and 3.
5. If still no improvement after a further 4 minutes - call an ambulance immediately (dial **0-000 - ANU line or 000 - outside line**) and state clearly "**Ambulance**" and that the child is "**having an asthma attack.**"
6. Keep giving 4 puffs every 4 minutes until ambulance arrives.
7. Notify the child's family immediately.

Note: An overdose cannot be given following the steps outlined. However, it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly.

Asthma First Aid – First Time Attack

When a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation, educators will:

1. **Sit the child upright and remain calm to reassure them. Do not leave them alone.**
2. **Call an ambulance immediately** and clearly state "**Ambulance**" and that the child is having "breathing difficulties".
3. Use a spacer and mask from **Asthma Emergency Kit**.
 - a. Shake puffer and put 1 puff into spacer
 - b. Ask child to take 4 breaths from spacer
 - c. Repeat until 4 puffs have been given into spacer
4. Wait 4 minutes.
5. If there is no improvement, repeat step 2 and 3 until the ambulance arrives
6. Notify the child's family immediately.

Note: This treatment could be life saving for a child whose asthma has not been previously recognised and **it is unlikely to be harmful** if the collapse or breathing difficulty was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.

Source: Asthma Australia 2020

ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

PHOTO OF STUDENT
(OPTIONAL)

Plan date
___/___/20__

Review date
___/___/20__

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe): _____

Frequency and severity:

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe): _____

Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) — please detail:

- Does this student usually tell an adult if s/he is having trouble breathing? Yes No
- Does this student need help to take asthma medication? Yes No
- Does this student use a mask with a spacer? Yes No
- *Does this student need a blue/grey reliever puffer medication before exercise? Yes No

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

DOCTOR

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

EMERGENCY CONTACT INFORMATION

Contact name _____

Phone _____

Mobile _____

Email _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au



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

OR give 2 separate inhalations of Bricanyl (6 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.

 Translating and Interpreting Service
131 450



1800 ASTHMA
(1800 278 462)

asthma.org.au

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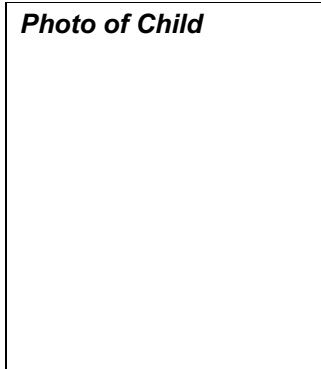
Attachment 4: Medical Condition Management Plan

For Asthma, Anaphylaxis, Allergies, Diabetes or Epilepsy, you may attach an Action Plan from a recognised authority, eg, ASCIA Action Plan, signed by your child’s Medical Practitioner, for use with this form.

Instructions

- To be completed by parents in consultation with their child’s Medical Practitioner.
- Parents must check and review this Medical Condition Management Plan at least annually on enrolment and after a relevant incident.
- Parents must inform the Director immediately if there are any changes to this Plan.
- Please print your responses clearly.

Photo of Child



Privacy

The information on this Plan is confidential. All educators that care for your child will have access to this information and it may be displayed, with your consent, in your child’s room, and only to provide safe management for your child. Heritage will only disclose this information to others with your consent if it is to be used elsewhere, unless required to do so by law.

Child’s Name **Date of Birth**

Medical Condition

Parent 1 Name

Telephone: (H) (W) (M).....

Parent 2 Name

Telephone: (H) (W) (M).....

Emergency contact.....

Relationship..... Emergency contact phone (H).....

(W) (M)

Doctor **Phone**

Risk Minimisation Plan

(Strategies to minimise risk may include safe food handling practices; excluding certain foods; notifying parents of allergens present at service; Management Plan on display; child cannot attend without medication/device etc).

Signs and Symptoms of Condition	
Mild	Action/Treatment to be Taken
Severe	Action/Treatment to be Taken

Risk/Trigger Factor	Strategies to Minimise Risk	Who is Responsible
Risk Management on Excursions		

Medication Authorisation (including those administered at home, eg, herbal medications)

Name and Location of Medication	Dosage	How often given

Other information

(include system of treatment eg injections/oral/inhaled and if dosage needs to be altered etc.)

--

Communication Plan

What must be communicated	Procedures
If a child’s condition suddenly deteriorates or if educators are at any time concerned	<ul style="list-style-type: none"> Educators must call an ambulance immediately and notify parents/guardians. Parents /guardians to be notified as soon as practicable whenever their child has received first aid for their medical condition.
Relevant educators and volunteers must be informed about the Medical Conditions Policy, Medical Condition Management Plan and Risk Minimisation Plan for children in their care that have a diagnosed medical condition	<ul style="list-style-type: none"> Director will inform relevant educators and volunteers about the Medical Conditions Policy during their induction and ensure they have access to the policy in the Staff Programming room and via the Members section of the website. Procedures must be summarised in service Handbooks. Director will inform relevant educators and volunteers of children in their care with diagnosed medical conditions, of their Medical Condition Management Plan and the location of their medication. This will be done during their induction; on enrolment of new families; prior to room transitions; and whenever a family updates their child’s health information. Director will regularly review medical condition procedures with educators at Staff meetings.

<p>Educators must regularly communicate with families regarding their child’s medical condition.</p>	<ul style="list-style-type: none"> • Educators must complete an Illness Report Form when a child has an incident at Heritage related to their medical condition and advise parents/guardians if their child requires medication when this has not previously been authorised (such as outside their usual day/time for administration). • Educators must regularly communicate with families at drop off and pick up times about their child’s health to check if there have been any changes in their condition or treatment. • Educators must advise families when their child’s medication needs to be replenished at Heritage.
<p>Parents/guardians must regularly update and communicate any changes to their child’s Medical Condition Management Plan and Risk Minimisation Plan.</p>	<ul style="list-style-type: none"> • Families must provide details annually on enrolment and on subsequent diagnosis of any existing or new medical conditions. • Families must provide an updated Medical Condition Management Plan at least annually, prior to expiry or whenever information changes. • Families must verbally advise the Director of changes to their child’s Medical Condition Management Plan or authorised medication as soon as possible after a change has occurred, and immediately provide an updated Medical Management Plan, medication and medication authorisation (if relevant). • The Director will regularly remind families of the requirement to keep their child’s Medical Condition Management Plan up to date through emails, the newsletter, notices etc. • Families must advise educators verbally or in writing on arrival at Heritage of symptoms experiences by their child requiring administration of medication in the past 48 hours, and the cause of the symptoms if known. • Families must ensure the service has adequate supplies of their child’s medication.
<p>Other</p>	

- I agree with the Risk Minimisation and Communication Plan arrangements for managing my child’s medical condition as detailed above.
- In the event my child falls ill, I agree to my child receiving the treatment described above.
- I authorise staff to assist my child with taking medication.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- A copy of the Medical Conditions Policy is attached.

Parent’s/Guardian Signature _____ Date ___/___/___

Doctor’s Name _____ Ph _____

Doctor’s Signature _____ Date ___/___/___

Attachment 5: Checklist for Asthma Risk Minimisation

- Who are the children and what are their asthma triggers (is information provided on their Asthma Care Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Does the Creating Inclusion and Equity Policy include health conditions?
- Is there age-appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the Medical Conditions Policy, the Medication Policy, Asthma Policy and Asthma Care Plans and Risk Minimisation plans?
- Does the child have an Asthma Care Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Care Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?

Appendix 1: Related National Law, Regulations and Quality Standards

National Law Section 167: Offence relating to protection from harm and hazards

- (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- (2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

National Regulation 168: Policies and Procedures

- (2) Policies and procedures are required in relation to the following—
- (d) dealing with medical conditions in children, including the matters set out in regulation 90;
 - (h) providing a child safe environment.

National Regulation 85: Incident, injury, trauma and illness policies and procedures

The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—

- (a) is injured; or
- (b) becomes ill; or
- (c) suffers a trauma.

National Regulation 90: Medical conditions policy

- (1) The medical conditions policy of the education and care service must set out practices in relation to the following—
- (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
 - (b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
 - (c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—
 - (i) requiring a parent of the child to provide a medical management plan for the child; and
 - (ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
 - (iii) requiring the development of a **risk-minimisation plan** in consultation with the parents of a child—
 - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - (E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
 - (iv) requiring the development of a **communications plan** to ensure that—
 - (A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and

(B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

National Regulation 91: Medical conditions policy to be provided to parents.

The approved provider of an education and care service must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.

National Regulation 92: Medication record

(1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in sub-regulation (3) for each child to whom medication is or is to be administered by the service.

(3) The details to be recorded are—

- (a) the name of the child;
- (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
- (c) the name of the medication to be administered;
- (d) the time and date the medication was last administered;
- (e) the time and date, or the circumstances under which, the medication should be next administered;
- (f) the dosage of the medication to be administered;
- (g) the manner in which the medication is to be administered;
- (h) if the medication is administered to the child—
 - (i) the dosage that was administered; and
 - (ii) the manner in which the medication was administered; and
 - (iii) the time and date the medication was administered; and
 - (iv) the name and signature of the person who administered the medication; and
 - (v) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.

National Regulation 93: Administration of medication

(1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless--

- (a) that administration is authorised; and
- (b) the medication is administered in accordance with regulation 95 or 96.

(2) The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b).

(3) A nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless--

- (a) that administration is authorised; and
- (b) the medication is administered in accordance with regulation 95 or 96.

(5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication--

- (a) is recorded in the medication record for that child under regulation 92; or
- (b) in the case of an emergency, is given verbally by--
 - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

National Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency

- (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—
- a parent of the child;
 - emergency services.

National Regulation 95: Procedure for administration of medication

Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service—

- the medication must be administered—
 - if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or
 - from its original container, bearing the original label and instructions and before the expiry or use by date; and
- the medication must be administered in accordance with any instructions—
 - attached to the medication; or
 - any written or verbal instructions provided by a registered medical practitioner; and
- except in the case of a family day care service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—
 - the dosage of the medication to be administered;
 - the identity of the child to whom the medication is to be administered.

National Regulation 136: First aid qualifications

(1) The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service--

- at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification;
- at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training;
- at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.

(4) The same person may hold one or more of the qualifications set out in subregulation (1).

(5) In this regulation--

"approved anaphylaxis management training" means anaphylaxis management training approved by the National Authority in accordance with Division 7;

"approved emergency asthma management training" means emergency asthma management training approved by the National Authority in accordance with Division 7;

"approved first aid qualification" means a qualification that--

- includes training in the following that relates to and is appropriate to children--
 - emergency life support and cardio-pulmonary resuscitation;
 - convulsions;
 - poisoning;
 - respiratory difficulties;
 - management of severe bleeding;
 - injury and basic wound care;
 - administration of an auto-immune adrenalin device; and
- has been approved by the National Authority in accordance with Division 7.

National Regulation 137: Approval of qualifications

(1) The National Authority must publish on its website lists of qualifications it has approved for the purposes of the Law including—

- (a) a list of approved early childhood teaching qualifications; and
- (b) a list of approved diploma level education and care qualifications; and
- (c) a list of approved certificate III level education and care qualifications; and
- (d) a list of approved qualifications for suitably qualified persons; and
- (e) a list of approved first aid qualifications and anaphylaxis management and emergency asthma management training.

National Regulation 161: Authorisations to be kept in enrolment record

- (1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—
- (a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek—
 - (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - (ii) transportation of the child by an ambulance service

National Regulation 162: Health information to be kept in enrolment record

The health information to be kept in the enrolment record for each child enrolled at the education and care service is—

- (a) the name, address and telephone number of the child's registered medical practitioner or medical service; and
- (b) if available, the child's Medicare number; and
- (c) details of any—
 - (i) specific healthcare needs of the child, including any medical condition; and
 - (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and
- (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c); and
- (e) details of any dietary restrictions for the child; and
- (f) the immunisation status of the child; and
- (g) if the approved provider or a staff member or family day care educator has sighted a child health record for the child, a notation to that effect; and

National Regulation 177: Prescribed enrolment and other documents to be kept by approved provider

- (1) For the purposes of section 175(1) of the Law, the following documents are prescribed in relation to each education and care service operated by the approved provider—
- (b) an incident, injury, trauma and illness record as set out in regulation 87;
 - (c) a medication record as set out in regulation 92;
 - (l) child enrolment records as set out in regulation 160;
- (2) The approved provider of the education and care service must take reasonable steps to ensure the documents referred to in sub-regulation (1) are accurate.

National Quality Standard

Quality Area 2: Children's Health and Safety

Standard 2.1: Health: Each child's health is promoted.

Element 2.1.1 Wellbeing and comfort:

Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Element 2.1.2: Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

Standard 2.2: Safety: Each child is protected.

Element 2.2.1 Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Element 2.2.2 Incident and emergency management.

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

Quality Area 7: Governance and Leadership

Standard 7.1: Governance: Governance supports the operation of a quality service

Element 7.1.2 Management Systems. Systems are in place to manage risk and enable the effective management and operation of a quality service.

Element 7.1.3 Roles and responsibilities: Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.