

# Early Learning Asthma policy

## 1. Policy Statement/Purpose

Asthma is a chronic, treatable health condition that affects approximately one in ten Australian children and is one of the most common reasons for childhood admission to hospital.

With good asthma management, children 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.

Asthma is different for everyone - individuals can have different triggers, symptoms, and medications for their asthma, and these can also change. Symptoms of asthma may 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 about asthma and promote responsible asthma management strategies.

The purpose of this policy is to outline Uniting Early Learning’s approach to Asthma management within its Early Learning Centres.

## 2. Scope

This policy applies to the following groups working in Uniting Early Learning:

- Approved provider and persons with management or control
- Nominated supervisor and persons in day-to-day charge.
- ECT, Educators, FDC educators and all other staff
- Parents/guardians
- Contractors, volunteers, and students

## 3. Policy

- Asthma management should be viewed as a shared responsibility. Uniting Early Learning Services educators will work in partnership with families to ensure the wellbeing of children. However, the responsibility for ongoing asthma management rests with the child’s family and medical practitioner. As a demonstration of duty of care and best practice all Uniting Early Learning’ educators are trained to assess and manage an asthma emergency.

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Document Number: <i>UP-EL-002</i>	Classification: <i>Internal/External</i>	
Version Number: <i>7.0</i>	Document Owner: <i>General Manager, Early Learning</i>	
Publication date: <i>15/10/2024</i>	Endorsed by: <i>General Manager, Early Learning</i>	
CMS embedded: <i>n/a</i>	<i>Printed copies of this document are considered uncontrolled.</i>	Page <b>1</b> of <b>8</b>

- Children with asthma should be identified during the enrolment process where possible, and staff informed. Parents must be provided with an [Asthma Care Plan](#) to be completed in consultation with, and signed by, a medical practitioner. Every child with asthma must also have a [Medical Conditions risk minimisation plan and communication plan](#) developed in consultation with parents.
- These documents are available on the Asthma Australia website (*refer to [Glossary](#)*). It is most important that children with asthma are not discriminated against in any way and that the children can participate in all activities safely and to their full potential.
- All Uniting Early Learning services are to be an *asthma friendly education and care service* where current and approved asthma: training for educators, equipment, information, and policy is provided.

## Review

This policy is to be reviewed by: 30/04/2026

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## 4. Responsibilities relating to the Asthma Policy

Responsibilities	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	ECT, Educators, FDC educators and all other staff	Parents/guardians	Contractors, volunteers, and students
R indicates legislation requirement, and should not be deleted					
Ensure an <i>Asthma</i> and <i>Dealing with Medical Conditions</i> policy, which meets legislative requirements and includes a risk management and communication plan, is developed, accessible at the service and is reviewed regularly R 90, 168 & 171	R	✓	✓		
Develop an <a href="#">Asthma First Aid procedure</a> - consistent with current national recommendations R 168	R	✓	✓		
Ensure educators and staff read and understand the <i>Asthma Policy</i> and implement the <a href="#">Asthma First Aid procedure</a> R 170	R	✓	✓		
Organise asthma management information sessions for parents of children enrolled at the service, where appropriate		✓	✓		
Display Asthma Australia's <i>Asthma First Aid</i> poster ( <b>refer to Appendix 2</b> ) in key locations at the service		✓	✓		
Inform staff, either on enrolment or on initial diagnosis, that their child has asthma R 90	R			✓	
Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the service R 162	R	✓	✓	✓	
Consult with the parents of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma R 90	R	✓	✓	✓	
Educators and parents of children attending OSHC are required to discuss authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's medical management team. R 96	R	✓	✓	✓	
Identify children with asthma during the enrolment process and provide parents with a copy of the service's <i>Dealing with</i>	R	✓	✓		

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<i>Medical Conditions Policy and Asthma Policy and inform staff</i> R 91					
Compile a list of children with asthma and place it in a secure, but readily accessible, location known to all staff. This should include the <a href="#">UF-EL-011-Asthma care plan-23.2.1.docx</a> for each child R 90	R	✓	✓		
Ensure staff can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans, and the asthma first aid kit R 90	R	✓	✓		
Identify and minimise asthma triggers for all children attending the service, where possible R 90	R	✓	✓		
Ensure families provide a copy of their child's Asthma care Plan in consultation with their registered medical practitioner, following enrolment and prior to the child commencing at the service. The Asthma Action Plan should be reviewed and updated at least annually R 90	R	✓	✓	✓	
Ensure the development of a <a href="#">UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx</a> for every child with asthma, in consultation with parents R 90	R	✓	✓	✓	
Ensure all children with asthma have an <a href="#">UF-EL-011-Asthma care plan-23.2.1.docx</a> <a href="#">UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx</a> filed with their enrolment record R 90	R	✓	✓	✓	
Immediately communicate any concerns with parents in relation to the management of children with asthma at the service and their ability to participate fully in all activities R 90	R	✓	✓		
Notify staff, in writing, of any changes to the information on the <i>Asthma Care Plan</i> , enrolment form or medication record. R 90	R			✓	
Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma R 90	R			✓	
Encourage their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms				✓	
Ensure 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 care plans S 167	R	✓	✓		
<i>Where possible</i> ensure all educators have first aid qualifications, anaphylaxis management training and EAM training which are current and approved and meet the requirements of legislation and are included on the staff record R 136, 137 & 147	R	✓	✓		
Ensure a medication record is kept for each child to whom medication is to be administered by the service R 92	R	✓	✓		
Ensure adequate provision and maintenance of asthma first aid kits to include: (refer to Glossary) at the service: <ul style="list-style-type: none"> <li>Reliever medication</li> </ul>	R	✓	✓		

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<ul style="list-style-type: none"> <li>• 2 compatible children’s face masks (for children under the age of four)</li> <li>• Asthma first aid instructions</li> <li>• Emergency kit log R 89</li> </ul>					
Ensure an asthma first aid kit is taken on all excursions and other offsite activities R 89	R	✓	✓		
Ensure the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use R 89	R	✓	✓		
Administer prescribed asthma medication in accordance with the child’s <a href="#">Asthma Care Plan</a> and the <i>Administration of Medication Policy</i> of the service R 93	R	✓	✓		
Ensure that when medication has been administered to a child in an asthma emergency without authorisation from the parent or authorised nominee, the parent of the child and emergency services are notified as soon as is practicable R 94	R	✓	✓		
Ensure children with asthma are not discriminated against in any way and can participate in all activities safely and to their full potential R 155	R	✓	✓		
Ensure programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma R 155	R	✓	✓		
Ensure parents of children with asthma provide labelled reliever medication and a spacer (including a child’s face mask, if required) at all times their child is attending the service R 90	R	✓	✓	✓	
Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity and implement a communication strategy to inform parents/guardians S 167	R	✓	✓		
Implement procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma S 167	R	✓	✓		
Follow appropriate reporting procedures set out in the <i>Incident, Injury, Trauma, and Illness Policy</i> 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 R 86 & 176	R	✓	✓		
<b>Note:</b> <i>Volunteers, contractors, and students, while at the service, are responsible for following this policy and its procedures.</i>					✓

## 5. Legislation/Regulations

*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)*

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National Quality Standard, Quality Area 2: Children’s Health and Safety  
 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)

## 6. Related Documents

### Uniting

- [Diversity Statement](#)
- [Child Safety Commitment Statement](#)
- Code of Conduct
- Child Safety Policy
- Child Safety Code of Conduct
- Workplace Health, Safety and Wellbeing Policy

### Early Learning

- Administration of Medication Policy
- Dealing with Medical Conditions Policy
- Incident, Injury, Trauma, and Illness Policy
- [Anaphylaxis enrolment checklist 23.1.1.pdf](#)
- [UPD-EL-002-Asthma first aid procedure.pdf](#)
- [UF-EL-011-Asthma care plan-23.2.1.docx](#)
- [UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx](#)

Other Forms available at [Early Learning \(sharepoint.com\)](#)

### External

- [Asthma Victoria Asthma Care Plan 2023.pdf](#)
- Asthma and Wheezing in the First Years of Life: a guide to wheezing for parents and those caring for infants and young children (2012) National Asthma Council of Australia*
- Asthma Australia: [www.asthma.org.au](http://www.asthma.org.au) or phone (03) 9326 7088 or 1800 278 462 (toll free)
- My Asthma (2008) National Asthma Council Australia*
- The Low Allergen Garden – Has your garden got you sneezing and wheezing:* <https://asthma.org.au/blog/low-allergen-gardening/>
- Thunderstorm Asthma - Pollen counts Tasmania* [www.airrater.org](http://www.airrater.org)

<ul style="list-style-type: none"> <li>• Attachment 1: Asthma Care Plan</li> </ul>	download from the Asthma Australia website: <a href="https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf">https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf</a>
<ul style="list-style-type: none"> <li>• Attachment 2: Asthma First Aid poster</li> </ul>	– download from the Asthma Australia website: <a href="https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue.pdf">https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue.pdf</a>

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## Appendix 1: Considerations for the development of an Asthma Risk Minimisation Plan

- 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?
- 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 Care Plans for medical conditions?
- Who is responsible for the *medical conditions* policy, the *Medications* policy, *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 a Care 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?

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## Appendix 2: Thunderstorm Asthma

- Every year between October and December there is an increase in asthma and hay fever symptoms. During grass pollen season there is also the chance of an epidemic thunderstorm asthma event.
- The epidemic thunderstorm asthma forecast system will operate between 1 October and 31 December. It combines the forecasting of a certain uncommon type of thunderstorm and forecasting grass pollen counts across Victoria.
  - It spans three days and uses a colour-coded scale from low to high risk: green (low), orange (moderate) and red (high).
  - A low risk (green) forecast means that the elements necessary for an epidemic thunderstorm asthma event are not expected and an event is unlikely.
  - A moderate risk (orange) forecast means that one of the elements necessary for an event may be present (i.e., a high pollen count or a severe thunderstorm storm).
  - A high risk (red) forecast means that both a high pollen count and forecast severe thunderstorms increases the risk for an epidemic thunderstorm asthma event.
  - The forecast is published on VicEmergency
    - [emergency.vic.gov.au/prepare/#thunderstorm-asthma-forecast](https://emergency.vic.gov.au/prepare/#thunderstorm-asthma-forecast)
  - AirRater app shows daily pollen counts across Tasmania.

**Forecasts are not a formal 'warning' and do not mean an epidemic thunderstorm asthma event is certain to occur, rather they are designed to inform people at risk that they should be prepared.**

The forecasting system is also not designed to forecast the risk of individual's suffering asthma and hay fever symptoms, which occur every year during the grass pollen season.

- Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a past history of asthma, people with undiagnosed asthma (those who have asthma symptoms but have not yet been diagnosed with asthma), and people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control and self-management of asthma, increases the risk.

### Thunderstorm asthma preparation

- Ensure children have an asthma action plan (developed with the treating medical team), and an allergy plan if required.
- Keep asthma medication readily accessible.
- Avoid being outside during thunderstorms that occur between October and December, especially the wind gusts that come before the storm.
- Designated first aid staff should ensure they have completed the relevant asthma first aid training and are aware and confident in administering asthma first aid.
- Subscribe to the Vic Emergency app to receive warnings, and record that you have done this in your Emergency Management Plan.
- When the risk of epidemic thunderstorm asthma is forecast as high, early childhood education and care services must also be prepared to act on warnings and advice from the Department by:
  - Implementing a communication strategy to inform the early childhood education and care services community and parents.
  - Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed, and turning air conditioners to recirculate.
  - Implementing emergency response procedures and following individual asthma action plans as needed.

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