

Asthma Appendix 23.2

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

Current Environmental Context

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.

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.

Children with asthma should be identified during the enrolment process where possible, and staff informed. Parents must be provided with an Asthma Care Plan (*refer to Form 23.2.1*) 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 (*refer Form 23.1*) 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.

The following attachments contain detailed information relating to all aspects of this policy:

- Attachment 23.2a:** Responsibilities relating to the Asthma Policy
- Attachment 23.2b:** Asthma First Aid Procedure
- Attachment 23.2c:** Asthma First Aid Flowchart
- Attachment 23.2d:** Asthma First Aid Poster
- Attachment 23.2.e:** Considerations for the development of an Asthma Risk Minimisation Plan
- Attachment 23.2.f:** Thunderstorm Asthma
- Form 23.2.1** Asthma Care Plan Forms are available: [Click here](#)

DOCUMENT TITLE & NUMBER		DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2		
Content Owner	Uniting Early Learning –Executive Officer		Page 1 of 10	
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2 Appendix
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Resources/Sources

Uniting Early Learning acknowledges the contribution of Asthma Australia in the development of this policy.

- 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
- 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)
- *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 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

Authorisation

This policy was adopted by Uniting Early Learning on

Review

This policy is to be reviewed by:

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 2 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

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Attachment 23.2a: Responsibilities relating to the Asthma Policy

Approved Provider

- Ensure an *Asthma and Dealing with Medical Conditions* policy, which meets legislative requirements and includes a risk management and communication plan, is developed, accessible at the service and is reviewed regularly.
- Provide approved Emergency Asthma Management (EAM) training, as required under legislation, ([refer to Glossary](#)) to all educators.
- Ensure the development of a Medical conditions risk minimisation plan and communication plan (refer to *Form 23.1*) for every child with asthma, in consultation with parents.
- Ensure a medication record is kept for each child to whom medication is to be administered by the service.
- Develop an asthma first aid procedure (refer to *Attachment 23.2b*) consistent with current national recommendations.
- Ensure all staff are aware of the asthma first aid procedure.
- Ensure adequate provision and maintenance of asthma first aid kits to include: ([refer to Glossary](#)) at the service:
 - Reliever medication
 - 2 compatible children’s face masks (for children under the age of four)
 - Asthma first aid instructions
 - Emergency kit log.
- Ensure children with asthma are not discriminated against in any way and can participate in all activities safely and to their full potential.

Responsible Person

- Ensure educators and staff are aware of the *Asthma Policy* and asthma first aid procedure (refer to *Attachment 23.2b*).
- 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 Asthma Care Plan for each child.
- Ensure all educators approved first aid qualifications, anaphylaxis management training and EAM training are current and approved and meet the requirements of legislation and included on the staff record.
- Identify children with asthma during the enrolment process and provide parents with a copy of the service’s *Dealing with Medical Conditions Policy* and *Asthma Policy* and inform staff.
- Provide parents with an Asthma Care Plan (*refer to Form 23.2.1*) to be completed in consultation with, and signed by, a medical practitioner.
- Ensure all children with asthma have an Asthma Care Plan and Risk Minimisation Plan (*refer to Form 23.2.1 & Form 23.1*) filed with their enrolment record.
- 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.
- 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.
- Ensure parents of 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.
- 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.
- Facilitate communication between management, educators, staff and parents regarding the service’s *Asthma policy* and strategies (refer *Attachment 23.2b*).
- Display Asthma Australia’s *Asthma First Aid* poster (refer to *Attachment 23.2c*) in key locations at the service.
- Ensure that medication is administered in accordance with the *Administration of Medication* policy.
- 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.
- Ensure an asthma first aid kit is taken on all excursions and other offsite activities.
- Organise asthma management information sessions for parents of children enrolled at the service, where appropriate.

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 3 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

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Educator

- Identify and minimise asthma triggers for all children attending the service, where possible (*refer Attachment 23.2d*).
- Implement an asthma first aid procedure (*refer to Attachment 23.2b*) consistent with current national recommendations.
- Immediately communicate any concerns with parents in relation to the management of children with asthma at the service.
- Ensure programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.
- Follow 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.
- Ensure an asthma first aid kit is taken on all excursions and other offsite activities.
- Assist to develop a Risk Minimisation Plan (*refer to form 23.1 1*) for every child with asthma, in consultation with parents.
- Discuss with parents the requirements for completing the enrolment form and medication record for their child.
- 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.
- Communicate any concerns to parents if a child's asthma is limiting his/her ability to participate fully in all activities.
- Maintain current approved EAM qualifications.
- Administer prescribed asthma medication in accordance with the child's *Asthma Care Plan* and the *Administration of Medication Policy* of the service.

Parent

- Read the service's *Asthma policy and Dealing with Medical Conditions* policy.
- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's *Asthma Care Plan* to the service and ensure 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.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the service.
- Work with staff to develop a risk minimisation plan (*refer to form 23.1*) for their child.
- Provide an adequate supply of appropriate asthma medication and equipment labelled with their child's name.
- Notify staff, in writing, of any changes to the information on the *Asthma Care Plan*, enrolment form or medication record.
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma.
- Encourage their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

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

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 4 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

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



Date of approval: June 2018 | Approved by CEO Asthma Australia | Date of review: June 2018 | Approved by CEO Asthma Australia | Care Plan for Schools (AA) | 6 June 2018

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 5 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

Attachment 23.2b: Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia's Asthma First Aid 2019.

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.

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

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 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort

Translating and Interpreting Service
131 450



Contact Asthma Australia
1800 ASTHMA
(1800 278 462)
asthma.org.au

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's asthma
 - the person is known to have Anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid
- Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

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DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 6 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

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Kids' First Aid for Asthma



Give 2 separate doses of a Bricanyl inhaler

If a puffer is not available, you can use Bricanyl for children aged 6 years and over, even if the child does not normally use this.

Wait 4 minutes.

If the child still cannot breathe normally, give 1 more dose.

If child still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)**

Say that a child is having an asthma attack.

Keep giving reliever

Give one dose every 4 minutes until the ambulance arrives.

- 1

Sit the child upright.
Stay calm and reassure the child.
Don't leave the child alone.
- 2

Give 4 separate puffs of a reliever inhaler – blue/grey puffer (e.g. Ventolin, Asmol or Airomir)
Use a spacer, if available.
Give one puff at a time with 4–6 breaths after each puff.
Use the child's own reliever inhaler if available.
If not, use first aid kit reliever inhaler or borrow one.
- 3

Wait 4 minutes.
If the child still cannot breathe normally, **give 4 more puffs.**
Give one puff at a time (Use a spacer, if available).
- 4

If the child still cannot breathe normally,
CALL AN AMBULANCE IMMEDIATELY (DIAL 000)
Say that a child is having an asthma attack.
Keep giving reliever.
Give 4 separate puffs every 4 minutes until the ambulance arrives.

WITH SPACER
Use spacer if available*



- Assemble spacer (attach mask if under 4)
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between child's teeth and seal lips around it OR place mask over child's mouth and nose forming a good seal
- Press once firmly on puffer to fire one puff into spacer
- Child takes 4–6 breaths in and out of spacer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

*If spacer not available for child under 7, cup child's/helper's hands around child's nose and mouth to form a good seal. Fire puffer through hands into air pocket. Follow steps for WITH SPACER.

WITHOUT SPACER
Kids over 7 if no spacer



- Remove cap and shake well
- Get child to breathe out away from puffer
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take slow deep breath
- Press once firmly on puffer while child breathes in
- Get child to hold breath for at least 4 seconds, then breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

HOW TO USE INHALER



- Unscrew cover and remove
- Hold inhaler upright and twist grip around then back
- Get child to breathe out away from inhaler
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take a big strong breath in
- Ask child to breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

Not Sure if it's Asthma?
CALL AMBULANCE IMMEDIATELY (DIAL 000)
If the child stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions
CALL AMBULANCE IMMEDIATELY (DIAL 000)
Follow the child's Action Plan for Anaphylaxis if available. If you know that the child has severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit: Asthma Foundations www.asthmaaustralia.org.au National Asthma Council Australia www.nationalasthma.org.au
If an adult is having an asthma attack, you can follow the above steps until you are able to seek medical advice.
Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 7 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

First Aid for Asthma

1 **Sit the person comfortably upright.**
Be calm and reassuring.
Don't leave the person alone.

2 **Give 4 puffs of a blue/grey reliever**
(e.g. Ventolin, Asmol or Airomir)
Use a spacer, if available.
Give 1 puff at a time with 4 breaths after each puff
Use the person's own inhaler if possible.
If not, use first aid kit inhaler or borrow one.

OR
Give 2 separate doses of a Bricanyl or Symbicort inhaler
If a puffer is not available, you can use Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.

3 **Wait 4 minutes.**
If the person still cannot breathe normally, **give 4 more puffs.**

Wait 4 minutes.
If the person still cannot breathe normally, give 1 more dose.

4 If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)**
Say that someone is having an asthma attack.
Keep giving reliever.
Give 4 puffs every 4 minutes until the ambulance arrives.
Children: 4 puffs each time is a safe dose.
Adults: For a severe attack you can give up to 6-8 puffs every 4 minutes

If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)** Say that someone is having an asthma attack.
Keep giving reliever while waiting for the ambulance:
For Bricanyl, give 1 dose every 4 minutes
For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)

HOW TO USE INHALER

WITH SPACER



- Assemble spacer
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between teeth and seal lips around it
- Press once firmly on puffer to fire one puff into spacer
- Take 4 breaths in and out of spacer
- Slip spacer out of mouth
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

WITHOUT SPACER



- Remove cap and shake well
- Breathe out away from puffer
- Place mouthpiece between teeth and seal lips around it
- Press once firmly on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- Hold breath for 4 seconds or as long as comfortable
- Breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

BRICANYL OR SYMBICORT



- Unscrew cover and remove
- Hold inhaler upright and twist grip around and then back
- Breathe out away from inhaler
- Place mouthpiece between teeth and seal lips around it
- Breathe in forcefully and deeply
- Slip inhaler out of mouth
- Breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit:
Asthma Foundations – www.asthmaaustralia.org.au
National Asthma Council Australia – www.nationalasthma.org.au



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DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 8 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

Attachment 23.2e: 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?

DOCUMENT TITLE & NUMBER	DEALING WITH MEDICAL CONDITIONS POLICY - ASTHMA Appendix-23.2			
Content Owner	Uniting Early Learning – Executive Officer			Page 9 of 10
Document Author	EL Practice Manager	Document Version	V 5.0	Policy No. 23.2
Date Published	30/04/2021	Revision Due Date	30/04/2022	

Attachment 23.2f: 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
 - 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 VicEmergency 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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