Playford
Primary School
excellence & empowerment

216-220 Adams Road, Craigmore SA 5114
Phone: OSHC (08) 8284 3061 Mobile: 0428 539 202
Email: PlayfordPS.OSHC277@SCHOOLS.sa.edu.au

ASTHMA MANAGEMENT POLICY

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma. It is generally accepted that children under the age of six do not have the skills or ability to recognise and manage their own asthma effectively. Our Out of School Hours Care (OSHC) Service recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including asthma management.

We aim to provide a safe and healthy environment for all children enrolled at the Out of School Hours Care (OSHC) Service. We believe in providing children with asthma the ability to participate in the programmed learning activities and experiences ensuring an inclusive environment is upheld. We ensure all educators and volunteers follow our *Asthma Management Policy* and procedures and children's medical management plans.

SCOPE

This policy applies to children, families, management, responsible person, the approved provider, nominated supervisor, volunteers and visitors of the OSHC Service.

DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide

a. a safe environment free from foreseeable harm and
b. adequate Supervision for children.

Staff members need to be aware of children at the OSHC Service who suffer from allergies, including asthma and know enough about asthma reactions to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plans and risk management plans. This policy supplements our *Dealing with Medical Conditions in Children Policy.*

BACKGROUND

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e., variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and respiratory symptoms (e.g., wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time (*National Asthma Council Australia, 2015, p.4*).

Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. However, with correct asthma management people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under

six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. Our OSHC Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all of these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our OSHC Service will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

IMPLEMENTATION

We will involve educators, families and children in regular discussions about general health and wellbeing. Our OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. It is imperative that all educators and volunteers at our OSHC Service follow each individual child's medical management plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

THE RESPONSIBLE PERSON / MANAGEMENT WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met.
- new staff members are given a clear understanding of children's individual health care needs during their induction period.
- all educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and our Service's *Dealing with Medical Conditions in Children Policy.*
- that as part of the enrolment process, ALL parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record.
- if the answer is *yes*, the parents/guardians are required to provide a Medical Agreement for Education and Care Form and Asthma Management plan signed by a registered medical practitioner prior to their child's commencement at the Service [see section below- *In Services where a child is diagnosed with asthma]*
- our policy folder is available at the service located in the admin office. Upon enrolment parents/guardians are advised that our policies are available on the Playford Primary School Website under the OSHC Tab and that they are able to request a copy of the Service's policies when required.
- Written authorisation is requested from parents/guardians on the enrolment form to administer asthma medication or treatment if required.
- parents/guardians are informed the service may administer emergency asthma medication or treatment if required, with advice from emergency services. Parents are advised of this at the time of enrolment and orientation to the service.
- at least one educator, staff member or responsible person is in attendance and immediately available at all times children are being cared for by the service who:
    - holds a current ACECQA approved first aid qualification
    - undertaken current ACECQA approved emergency asthma management and
    - current ACECQA approved emergency anaphylaxis management training.
- all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months.

- staff training is kept up to date in each staff member's record.
- that all staff members are aware of
    - any child identified with asthma enrolled in the service
    - the child's individual medical management plan
    - symptoms and recommended first aid procedure for asthma and
    - the location of the child's asthma medication.
- all staff members are able to identify and minimise asthma triggers for children attending the OSHC Service where possible.
- risk assessments are developed prior to any excursion or incursion consistent with Reg. 101.
- That upon employment at the OSHC Service all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies.
- children with asthma are not discriminated against in any way.
- children with asthma can participate in all activities safely and to their full potential.
- *Asthma Australia's Asthma First Aid* for posters are displayed in key locations at the OSHC Service.
- that medication is administered in accordance with the *Administration of Medication Policy*.
- that when medication has been administered to a child in an asthma emergency, the parent/guardian of the child and emergency services are notified as soon as is practicable (Reg.94).
- communication between management, educators, staff and parents/guardians regarding the Service's *Asthma Management Policy* and strategies are reviewed and discussed regularly to ensure compliance and best practice.
- that updated information, resources, and support for managing asthma is regularly provided for families.
- that in the event of a serious incident, such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident.
- a review of practices is conducted following an incident at the Service, including an assessment of areas for improvement.

IN OSHC SERVICES WHERE A CHILD DIAGNOSED WITH ASTHMA IS ENROLLED, THE RESPONSIBLE PERSON / MANAGEMENT WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition.
- not permit the child to begin education and care until the Medication Agreement form and Asthma Medical Management plan developed in consultation with parents and the child's medical practitioner is provided.
- ensure the medical management plan includes:
    - child's name, date of birth
    - specific details of the child's diagnosed medical condition
    - supporting documentation (if required)
    - triggers for asthma (signs and symptoms)
    - list of usual asthma medicines including doses
    - response for an asthma emergency including medication to be administered
    - contact details and signature of the registered medical practitioner
    - date the plan should be reviewed
- a risk minimisation plan and communication plan has been developed in consultation with parents and management prior to the child commencing at the OSHC Service.
- educators and staff will be informed immediately about any changes to a child's medical management plan, risk management plan.
- discussions occur regarding 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.

- request parental authorisation to display a child's image in the OSHC Office on the medication cabinet to identify medical / cultural needs of each individual child, allowing educators to be able to view these easily whilst ensuring the privacy, safety and wellbeing of the child.
- To store any prescribed information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan, communication plan and risk management plan in the child's individual medical folder or the Playford OSHC Medical folder which is stored in the locked cupboard in the OSHC Office.
- ensure families have provided required Asthma medication prior to child attending service and that any expired medication is replaced prior to child attending the service.
- ensure all educators know the location of asthma medication and the child's medical information and action plan.
- collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma whilst at the OSHC Service.
- ensure that the OSHC Service carries a copy of each child's individual asthma action plan and required medication whenever the child is in attendance on an excursion or during an emergency evacuation. Medication and medical information to be within a locked case for confidentiality reasons.
- when medication is administered by the service educators must ensure the Administration of Medication form is completed in the child's individual medical file.
- ensure families update their child's asthma medical management plan regularly or whenever a change to the child's management of asthma occurs.
- ensure that spacers and facemasks are cleaned after every use.

EDUCATORS WILL:

- read and comply with the *Asthma Management Policy, Dealing with Medical Conditions in Children Policy and Administration of Medication Policy.*
- Read and sign off on the communication plans in each individual child's file to acknowledge they have read and understood the child's medical management plan and risk minimisation plan which will assist them to be able to identify and, where possible, minimise asthma triggers.
- ensure they have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months. [*HLTAID012 Provide First Aid in an Education and Care Setting*].
- know which child/ren are diagnosed with asthma, and the location of their medical management plan and risk management plans and any prescribed medications
- ensure the first aid kit, children's personal asthma medication and medical management plans are taken on excursions, during transportation of the child or other offsite events, including emergency evacuations and drills.
- administer prescribed asthma medication in accordance with the child's medical management plan and the OSHC Service's *Administration of Medication Policy*
- Advise the responsible person if they note that the asthma medication has reached its expiry date.
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma or Illness Record* and advise the responsible person who will then notify the parents as a matter of priority, when practicable.
- communicate any concerns to the responsible person to advise parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- ensure that children with asthma are not discriminated against in any way.
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

FAMILIES WILL:

- inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- read and be familiar with the services A*sthma Management Policy, Dealing with Medical Conditions in Children Policy and Administration of Medication Policy.*
- provide a copy of the Medication Agreement form [*HSP151*]and Asthma Medical Management plan to the OSHC Service ensuring it has been prepared in consultation with, and signed by, a registered medical practitioner prior to the child attending the service.
- If a child is able to self-administer medication this must be documented in the child's medical management plan and be approved by the child's medical management team, parents/guardian and the OSHC Service.
- develop a risk minimisation plan in collaboration with the Responsible person upon enrolment or if any changes occur to the child's medical condition.
- develop a communication plan in collaboration with the Responsible Person upon enrolment or if any changes occur to the child's medical condition.
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the OSHC Service
- provide an adequate supply of appropriate asthma medication and equipment for their child. Children with nil or expired medication are NOT permitted to attend the service until the replacement medication has been received.
- provide an updated plan annually or whenever medication or management of their child's asthma changes.
- notify the OSHC Service of any changes to their child's medical condition status and provide a new Medication Agreement form and medical management plan in accordance with these changes.
- communicate regularly with the responsible person (management) 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 educators if they are unwell or experiencing asthma symptoms.

IF A CHILD SUFFERS FROM AN ASTHMA EMERGENCY STAFF WILL:

- Follow the child's medical management plan.
  (*If the child has not been diagnosed with asthma; educators will follow the steps below and follow emergency service advice*)
- If the child does not respond to steps within the medical management plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours.

[As per Reg 94 – Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. If medication is administered under Reg 94 the Responsible person must ensure the parent/guardians are notified as soon as practicable]

REPORTING PROCEDURES

Any incident involving serious illness of a child while the child is being educated and cared for by the Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Reg. 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Responsible Person (Management) of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*

- place a copy of the record in the Incident, Injury, Trauma and Illness Record folder which is located in the medication cupboard in the OSHC Office.
- the responsible person or nominated supervisor will inform the regulatory authority of the incident within 24 hours through the NQA IT System (as per regulations)
- staff will be debriefed after each serious incident and the child's individual medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

RESOURCES

Asthma First Aid A4 Poster
Asthma Action Plan
FIRST AID FOR ASTHMA CHILDREN UNDER 12
Aiming for Asthma Improvement in Children
Asthma Management Regulatory guidance note NSW
hsp151-medication-agreement.doc

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Asthma Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of First Aid Procedure	Medication Update Letter to parents
Administration of Medication Form	Medical Conditions Register
Authorisation to Display Medical Management Plan	Medical Management Plan
Managing a Medical Condition Procedure	Medical Risk Minimisation Plan
Medical Communication Plan	Notification of Changed Medical Status

SOURCES

Asthma Australia: https://asthma.org.au

Australian Children's Education & Care Quality Authority. (2021). Policy and Procedure Guidelines. Dealing with Medicals in Children Policy

Australian Children's Education & Care Quality Authority. (2025). Guide to the National Quality Framework

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023).

National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide.* https://www.asthmahandbook.org.au/

National Health and Medical Research Council. (2024). Staying Healthy: preventing infectious diseases in early childhood education and care services (6th Ed.). NHMRC. Canberra.

Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012

Western Australian Legislation Education and Care Services National Law (WA) Act 2012

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 2A	Paramount Consideration – Safety, Rights and best interests of children
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 172	Failure to display prescribed information
S.174	Offence to fail to notify certain circumstances to Regulatory Authority
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health Information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Excursion Incursion Extra Curricular Activities Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Dealing with Medical Conditions in Children Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy and Procedures

REVIEW

POLICY REVIEWED BY	Jason Sheehy	Position	Principal
POLICY REVIEW DATE	22/10/2026	NEXT REVIEW DATE	22/10/2027
VERSION	V2026.10		
MODIFICATIONS		POLICY CREATED	22/10/2026