Policy Statement

Affinity Education Group is committed to ensuring that every child and employee with a medical condition is safe, supported, and able to participate fully in the service environment. Medical conditions will be managed through individualised planning, risk reduction strategies, clear communication, and timely response to symptoms or emergencies.

We collaborate with families, follow advice from medical professionals, and comply with all relevant National Law and Regulations to uphold each person's safety, dignity, rights, and wellbeing. Educators are equipped with the knowledge, training, and resources necessary to recognise symptoms, implement plans, administer medication safely, and respond confidently in an emergency.

Policy Objective

The objective of this policy and procedure is to ensure that medical conditions are:

- Identified early and managed through appropriate planning;
- Documented clearly and consistently through approved templates;
- Supported by effective risk minimisation strategies;
- Communicated to all relevant educators, volunteers, and families;
- Monitored regularly, with plans updated when circumstances change;
- Managed in compliance with the Education and Care Services National Law and Regulations;
- Addressed in a way that promotes inclusion, safety, and child wellbeing.

This should be read in conjunction with POL2-P4 Medical Conditions Policy and Procedure which details the below process.

Asthma Management Procedure

Asthma is a long-term chronic lung disease that affects around 2 million children, as many as 1 in 9. The airways in the lungs become inflamed which causes them to narrow with symptoms of wheezing, coughing, tightness in chest and shortness of breath.

Mild symptoms include:	Moderate symptoms include:	Severe symptoms include:
• Cough, wheeze; • Some shortness of breath; • Still able to speak in full sentences between breaths;	• Continual cough, moderate to loud wheeze; • Obvious difficulty breathing; • Only able to speak in short phrases between breaths;	• Severe difficulties breathing • Speak very few words at a time • Sucking in of the throat and rib muscles • Pale and sweaty • May have blue lips • Very distressed and anxious

Each person with asthma will be sensitive to different triggers although common triggers may include;
- Air pollutants such as smoke, pollens, dust and dust mites or pet hair
- Illness such as cold and flu
- Weather – cold, hot, change in season/temperature
- Emotional state such as stress or crying
- Certain medications
- Exercise or over-exertion

Asthma can be managed with preventative medication daily and reliever medication when symptoms become present. Asthma 'flare-ups' are where symptoms start or increase more than usual and can be anywhere from mild, moderate to severe. Severe flare-ups require urgent attention and often hospital treatment.

Asthma Plan

The doctor is likely to provide an Asthma Action Plan developed by the National Asthma Council Australia or the My Asthma Action Plan developed by the Australian Government Department of Health and Ageing. or other written instruction. See POL2-P4 Medical Conditions Policy and Procedure section 2. Complete the Medical Management/Action Plan

Asthma Medication

Where medication is required irregularly or in emergencies, an ***emergency medication form*** is required to be completed. Irregularly administered medication and should only be used only for emergency administration (r94).

Other irregularly administered medication ie ventolin needing to be administered for a short term planned period of 2 days for example, will need to meet requirements of reg 92(3)(d).

For children over preschool age, only after FRM 2-F5 Medical Management, Risk Minimisation and Communication Plan.docx and consultation with Centre Manager, family and the child, it may be agreed and documented that the child can self-administer necessary medication, for example; a preventative at regular intervals or reliever when they feel the onset of symptoms. This agreement must be recorded and communicated with all educators and volunteers. Procedures will need to be developed and implemented to adequately store, witness and record the self-administration dosage and time. Self-administration must be done in the presence of two qualified educators and recorded on the long-term medication form or emergency medication, whichever is relevant to the purpose of administration.

Asthma Risk Minimisation Strategies:

These steps will be specific to the child's needs and the centre environment and may include, but are not limited to:

- Keeping windows closed during windy days or when other pollutants may be present such as bushfires or factories nearby
- Maintain a hygienic environment free of dust
- Limit contact with centre pets, if applicable, and wash hands immediately after contact
- If necessary, seek the services of a horticulturalist to inspect the gardens and surrounds for plants likely to cause a reaction.
- Encourage rest and quiet activities if suffering from cold and flu
- Maintain consistent body temperature and wear appropriate clothes for the weather - add more layers of clothes in the cold, or remove layers in warmer weather
- Maintain consistent ambient temperature with air conditioner use
- Encourage regular breaks and drinks during physical activity
- Ensure the administration of medication policy is followed by excluding the child with new medication for 24 hours and not administering the first dose of medication to the child while at the centre.

Responding to an Asthma Flare Up/Emergency

If a child is displaying symptoms of an asthma flare-up the service will:
Ensure a First Aid trained educator/educator with approved Asthma Management Training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

1. Sit the child upright
- Stay with the child and be calm and reassuring

2. Give 4 puffs of blue reliever puffer medication
- Use a spacer
- Shake puffer

- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken
- Shake, 1 puff, 4 breaths

3. Wait 4 minutes
- If there is no improvement, give 4 more puffs as above

4. If there is still no improvement call emergency assistance 000
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives
- Contact the child's parent or authorised contact where the parent cannot be reached
5. Present the ambulance officers with a record of what was administered.

6. If the ambulance officers deem it necessary to take the child to hospital, the Centre Manager or primary educator will accompany the child to the hospital if a family member/guardian is not present.

7. Complete the Child Illness report and the Emergency Medication form.

8. The Centre Manager is to inform the Area Manager, or in their absence, the State Manager to inform them of the events and actions that have occurred. A report must be lodged on ServiceNow as soon as possible but within 24 hours of any child requiring medical treatment following the event.

These tasks must be completed as efficiently and calmly as possible with consideration to the child's well-being and the safety, supervision and well-being of the other children in the group.
Where it is known a child has been exposed to their specific trigger, but has not developed symptoms, the child must be closely monitored and immediate action must be taken if the child develops symptoms.

After a severe asthma flare-up the child's management plan will be reviewed and evaluated to determine if the response could be improved or the environment reassessed. It is also important for educators to debrief and discuss their feelings and actions.

General use emergency medication -Asthma

Regulation 94 (ECSNR 2011 and ECSNR WA 2012) states that 'medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency'. Centre-provided general use medication and spacer for asthma can be administered to a child experiencing significant wheezing/ shortness of breath without it being prescribed for that child*, providing the family is contacted, or other emergency contact if family cannot be contacted, and emergency services are contacted as soon as possible after administration of medication.

Store the centre-provided asthma medication and spacer in a secure location, labelled as containing emergency medication and inaccessible to children.

Complete a risk assessment to determine the number and type of centre-provided general use medications such as epi-pen or asthma reliever, the centre may require. Add these to the medication audit and check the expiry date monthly.
*Children will not be administered medication that is prescribed for other children.

References

- Education and Care Services National Regulations 2011
- Education and Care Services National Regulations WA 2012
- Asthma Australia. 'Asthma in Childcare'. http://www.asthmaaustralia.org.au/asthma_in_childcare.aspx
- http://www.acecqa.gov.au/first-aid-asthma-management-and-anaphylaxis-training-requirements
- NHMRC. 2024. 'Staying Healthy 6th Edition.' https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Staying-Healthy/Staying-healthy-guidelines.pdf

- NHMRC. 2024. Asthma Factsheet. https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets/asthma
- Asthma Australia. 'Resources'. http://www.asthmaaustralia.org.au/qld/about-asthma/resources/resources

Version History

Version Control	Date	Author	Description of Change
1	Aug 2014	AEG	Update ECSNR
V10.15	Oct 2015	AEG	Full revision
V11.16	Nov 2016	AEG	Review
V12.17	Dec 2017	AEG	Review
V12.18	Dec 2018	AEG	Annual Review
V12.19	Dec 2019	AEG	Scheduled review
V1.21	Jan 2021	AEG	Scheduled review
V1.22	Jan 2022	AEG	Scheduled review
V2.23	Feb 2023	AEG	General use
V11.23	Nov 2023	AEG	RACI table and reference added
V2.24	Feb 2024	AEG	Scheduled review, format change
V11.24	Nov 2024	AEG	Clarified completing 2-F5
V2.25	Feb 2025	AEG	Scheduled review
V12.0	Feb 2026	AEG	Scheduled review – updated to new template minor changes made. Supporting Policy POL2-P4 Medical Conditions Policy and Procedure uplifted with overarching medical conditions process.