Neerim South Primary School **Outside School Hours Care Service**
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OSHC POLICY: MEDICAL CONDITIONS - ASTHMA

HELP FOR THOSE WITH LIMITED ENGLISH LANGUAGE SKILLS



Neerim South Primary School Outside School Hours Care Service offers support to stakeholders who have limited English language skills, including access to interpreting and translation services, to communicate key information about service policies and procedures.

If you need assistance to understand the information in this policy, please contact the Neerim South Primary School OSHC Service Coordinator or the School Administration Office and ask for language assistance.

POLICY STATEMENT & PRINCIPLES

Neerim South Primary School Outside School Hours Care Service (NSPS OSHC Service) aims to provide a health and inclusive environment where children with Asthma have the ability to participate in the programmed learning activities and experiences safely.

This policy has been designed to assist NSPS OSHC Service to provide an environment in which children with Asthma can participate in all activities to the full extent of their capabilities, along with a clear set of guidelines and expectations to be followed with regard to the management of Asthma.

NSPS OSHC Service is committed to:

- Minimising the risks associated with Asthma attack while attending OSHC.
- Ensuring all educators have Asthma management training as required under the Education and Care Services National Law Act 2010, and can therefore respond appropriately to respiratory difficulties by initiating appropriate treatment, including competently administering Asthma reliever medication.
- Raising community awareness of Asthma and its management through education and policy implementation and communication planning.

BACKGROUND & SCOPE

Under the National Regulations, the service ensures that policies and procedures are in place for Asthma (r.90 and r.168) and takes reasonable steps to ensure those policies and procedures are followed (r. 170).

This policy applies when a child diagnosed with Asthma by a qualified medical practitioner is enrolled at the Service. It applies to the child, their parents/guardians, educators, and the OSHC Management team. It also applies to other relevant members of the community, such as students, volunteers and visitors to the service.

ABOUT ASTHMA

Asthma is a serious and long-term condition that affects 1 in 9 Australians. Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In most cases Asthma can be well managed and people with Asthma can live a full life.

The fundamental causes of Asthma are not completely understood. The strongest risk factors for developing Asthma are a combination of genetic predisposition with environmental exposure to inhaled substances and particles that may provoke allergic reactions or irritate the airways.

Asthma triggers can include viral respiratory infections, allergens (indoor or outdoor), tobacco smoke and air pollution, chemical irritants, including in the workplace and strong odours, such as perfume. Certain medications can also trigger Asthma, such as aspirin and other non-steroid anti-inflammatory drugs and beta-blockers (used to treat high blood pressure, heart conditions and migraine) (WHO 2017). Natural disasters or extreme weather changes can affect human health drastically, and events that affect air quality can have a direct impact on Asthma. Two natural events that have affected Asthma in recent times are thunderstorm Asthma and bushfires.

There are three distinct changes that can happen in the airways inside the lungs of a person with Asthma when when they are exposed to their triggers that make it hard for them to breathe, and these changes can happen all together:

- Airways tighten up - Inside the wall of each airway there is a thin layer of muscle. When it contracts, it makes the airway narrower. Reliever medicines work by relaxing these muscles in the airways.
- Airways thicken up - The lining of the tubes gets swollen and inflamed, leaving less space to breathe through. Preventer medicines work by reducing the inflammation that causes the swelling.
- Airways fill up - The inside of the tubes can get blocked by mucus. Preventer medicines reduce mucus.

NSPS OSHC Service accesses information about Asthma from the following recognised authorities:

Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports/chronic-respiratory-conditions/Asthma	Asthma Australia https://Asthma.org.au/what-is-Asthma/	National Asthma Council Australia https://www.aihw.gov.au/reports/chronic-respiratory-conditions/Asthma	The Royal Children's Hospital Melbourne https://www.rch.org.au/kidsinfo/fact_sheets/Asthma/

DUTY OF CARE

NSPS OHSC Service has a duty of care to all children enrolled. This includes a legal obligation to ensure a safe environment free from foreseeable hazard and harm, where educators can address the individual health needs of each child, and always provide appropriate and adequate supervision.

The National Law requires the Neerim South Primary School Council to ensure that there is always at least one educator on duty and immediately available with a current approved first aid qualification as well as a current approved emergency Asthma management qualification. As a demonstration of duty of care and best practice, all NSPS OSHC educators hold current and approved first aid and Asthma qualifications, including administration of emergency medication and life support procedures.

Duty of care obligations under the National Law requires educators to know enough about respiratory distress and Asthma, and the administration of related medication (including emergency medication) to ensure the

safety and wellbeing of children. Service leadership and management ensure that all staff (including relief staff (including volunteers and students on practicum placement) have adequate knowledge of the service's Asthma policy and procedures to be followed in a medical emergency, including an awareness of children's Asthma management and/or action plans and risk management plans.

While it is not possible for NSPS OSHC service to provide a completely risk-free environment, a range of procedures and risk minimisation strategies are in place to reduce the possibility of a child experiencing a medical emergency in relation to Asthma while attending the OSHC service.

Children diagnosed with Asthma are not discriminated against in any way and are able to participate fully in all programs and activities at NSPS OSHC Service.

EDUCATORS TO BE TRAINED IN ASTHMA MANAGEMENT AND EMERGENCY FIRST AID

All Educators at NSPS OSHC Service are encouraged to maintain current, approved first aid qualifications and undertake Anaphylaxis management training and emergency Asthma management training, approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010.

The National Regulations (r.136) outline the mandatory requirements for services in relation to emergency Asthma management training. The Australian Children's Education and Care Quality Authority publishes a list of approved emergency Asthma management training options. The 'qualifications' on the list are either national or state accredited units of competency, or short courses that are approved under National Law.

More information at:
https://www.acecqa.gov.au/qualifications-0/qualification-requirements/first-aid-qualifications-training

NSPS OSHC Service ensures that at least one Educator who has completed accredited Emergency Asthma Management training is on duty whenever children are being cared for or educated at NSPS OSHC Service.

Evidence of certification is held by the service in a staff record, and it is the responsibility of the individual Educator to ensure that they maintain currency as approved under National Law.

Any Educator who has completed emergency Asthma management training is made aware that they are responsible for the administration of first aid and emergency procedures (including implementation of an Asthma action plan) in the event of an Asthma-related medical emergency.

PROCEDURES

PROCEDURES FOR ENROLLING A CHILD DIAGNOSED WITH ASTHMA

NSPS OSHC Service enrolment forms include a request for information about a child, including whether they have Asthma. If the enrolment form indicates a child has Asthma the OSHC coordinator will ensure that the enrolment of children diagnosed with Asthma is comprehensive, and includes sharing of information about the child's triggers, Asthma Management Plan, and implementation of this policy.

When a child with Asthma enrols in OSHC, or when an already enrolled child is first diagnosed with Asthma, the enrolling parent/guardian is required to:

- Inform the OSHC Coordinator, either upon enrolment or upon diagnosis, of their child's Asthma including triggers and medications.

- Assist Educators by offering information and answering any questions regarding their child's Asthma and share information about their general health and wellbeing.
- Provide the OSHC Service with an Asthma Action Plan signed by the child's registered medical practitioner and written consent to use the child's Asthma medication in line with this action plan, in accordance with the NSPS OSHC Service policy on Dealing with Medical Conditions & Medication.
- Provide the OSHC Service with all prescribed Asthma medications.
- Contribute to the services risk minimisation planning process in collaboration with the OSHC Coordinator.

ASTHMA MANAGEMENT AND ACTION PLANS

All children with a diagnosis of Asthma or who are undergoing medical assessment for Asthmatic symptoms must have an Asthma Action Plan completed by their treating doctor before enrolment at NSPS OSHC Service, or after an episode of Asthma for children already enrolled.

The Asthma Action Plan provides educators with a detailed emergency treatment action plan and can assist with the identification of triggers of an Asthmatic episode. It also enables educators to administer a child's medication in response to any breathing difficulties without the need for immediate parental permission. This means the parents are not required to fill in the medication booklet on a daily basis; a signature will only be required in the event that emergency medication was administered during the day.

Asthma Action Plans for individual children will be stored in the *Asthma Management Plans for Children* folder in the OSHC Administration office, and a copy will be kept in each of the children's emergency medication kits. Educators will hold further copies of the Asthma Action Plan with Emergency Contact details, the outdoor first aid kit, and the emergency management bag.

The Asthma Action Plan should include information such as:

- name, date of birth, and a recent photo
- specific details of signs and symptoms specific to the child's Asthma including a list of known triggers
- medications taken on a regular basis when the child is 'well' including dosage
- response for an Asthma emergency including medication to be administered
- the name, address and telephone number of a person who is to be notified of an incident
- the name, address, telephone number and signature of the child's registered medical practitioner
- A date the plan should be reviewed

A sample Asthma Action Plan for children's services can be found on the Asthma Australia website: https://Asthma.org.au/manage-Asthma/Asthma-action-plan/

EMERGENCY MEDICATION

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law Act 2010 (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

For children diagnosed as being at risk of Anaphylaxis who have been prescribed Anaphylaxis medication, an Emergency Medication Management Plan (EMMP), must also be in place. This plan is written by the prescribing doctor, and outlines exactly how and when to administer the medication, and specific details. The parent or guardian is responsible for supplying this document to the OSHC Service.

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law Act 2010 (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

For children diagnosed with Asthma who have been prescribed Asthma medication, an Emergency Medication Management Plan (EMMP), must also be in place. This plan is written by the prescribing doctor, and outlines exactly how and when to administer the medication, and specific details. The parent or guardian is responsible for supplying this document to the OSHC Service.

Children diagnosed with Asthma who have been prescribed Asthma medication must have their own reliever medication available to them whenever they are attending OSHC.

The child's Asthma Action Plan including emergency first aid procedures will be stored with the child's medication, in accordance with the service policies on medical conditions and medication.

Educators responsible for children with Asthma ensure that all regular prescribed Asthma medication is administered in accordance with the information on the child's written Asthma Action Plan, and only those Educators trained in Emergency Asthma Management will be responsible for the administration of Asthma medication.

With consent from the enrolling parent/guardian the service will request Asthma medication to be provided to the service and be kept onsite in a secure accessible location. Additionally , a child may keep their relievers in their school bag, or in their pocket, and may be able to self-administer with parent/guardian consent. In this instance, staff must be aware of this arrangement and families must complete the medical administration form authorising their child to self-administer their Asthma medication under the supervision of an educator who is trained in Emergency Asthma Management.

The Asthma Foundation recommends an immediate visit to the doctor or hospital should the 'reliever medication' last for less than two hours.Whilst at the Service, if a child is requiring reliever medication every three hours or more frequently, their families or authorised emergency contacts will be contacted to collect the child. An episode such as this requires very close monitoring, which is best done in a one-to-one situation.

Families are encouraged to regularly check their child's reliever medication to ensure that it is not empty and the expiry date has not passed.

RISK MINIMISATION

NSPS OSHC Service maintains a *Risk Minimisation Plan* to help protect the children who have Asthma from unnecessary exposure to their triggers.

The OSHC Coordinator (or nominated supervisor/responsible person present) will conduct an assessment of the potential for exposure to triggers while children with Asthma are in the care of the Service and develop a risk minimisation plan in consultation with Educators and the families of children who have Asthma.

The risk minimisation plan acts to identify and, where practical, minimise Asthma triggers, and where necessary, modify activities in accordance with a child's needs and abilities to ensure that they can safely participate in all elements of the educational program.

Educators aim to plan and implement learning experiences and activities that complement the services Asthma risk minimisation plan, and ensure that children diagnosed with Asthma can participate in activities while being treated the same as other children attending the program.

Increased supervision requirements of children diagnosed with Asthma will be considered during routine outings, excursions, in-house activities, when visitors are attending, or special events where the environment can unintentionally become unpredictable.

COMMUNICATION PLAN

At enrolment, or upon diagnosis, the nominated supervisor must develop a Communication Plan in consultation with families to encourage and ensure ongoing communication between families and staff about the management of the child's medical condition (see Attachment 2).

NSPS OHSC Service will negotiate with the child and family information to be displayed about their child's Asthma and will obtain consent from the family to display their child's personal information.

INFORMATION TO DISPLAY

Asthma Action Plans for individual children will be displayed in the Orana centre where they are visible to all staff (including tertiary students, volunteers and visitors) as well as children and families. Consent will be obtained from the enrolling parent/guardian prior to the display of the plan.

Each child's own Asthma medication kit (including blue reliever puffer) is stored in a clearly labelled area that is easily identifiable to staff (including students, volunteers and visitors).

The service displays an Asthma First Aid (Asthma Australia) in various locations in the Orana Centre, including near the kitchen, inside the main entrance, administration office, and staff break areas.

The service displays an Ambulance Contact Card by all OSHC Service telephones.

This policy, and service policies on medical conditions, medication, and emergency procedures will be accessible at all times the service is in operation, and by request.

PROCEDURES FOR MANAGING ASTHMA WHILE ATTENDING OSHC

EDUCATORS TRAINED IN ASTHMA

Each session of OSHC operates with Educators who:

- Hold current first aid certification including emergency life support and cardiopulmonary resuscitation as approved by the Australian Children's Education and Care Quality Authority.
- Hold current Asthma certification as approved by the Australian Children's Education and Care Quality Authority, in compliance with the National Law.
- Hold current Anaphylaxis certification as approved by the Australian Children's Education and Care Quality Authority, in compliance with the National Law.
- Know what to do in a medical emergency to ensure the health and safety of children who are diagnosed with Asthma, or and child who is experiencing respiratory distress for the first time
- Have been briefed on emergency first aid and Asthma emergency procedures and responsibilities upon their employment or engagement at the Service.
- Are aware of the children in their care who have been diagnosed with Asthma and are familiar with their Asthma Action plan including awareness of known allergens and triggers, as well as routine or emergency medication.
- Ensure that all relieving/causal/temporary Educators as well as tertiary students on practicum placement and visitors are aware of symptoms of Asthma and of any children attending who are at risk of respiratory distress including the child's allergens and triggers as well as the location of their Asthma Action Plan and their reliever medication.

- Have been provided with a copy of this Asthma Policy and the OSHC policy on Medication Conditions and Medication.

RESPONSIBILITIES EDUCATORS WHO ARE TRAINED IN ASTHMA

Any Educator who has completed emergency Asthma management training is made aware that they are responsible for overseeing the care of children diagnosed with Asthma, including the administration of first aid and implementation of emergency procedures (including implementation of an Asthma action plan) in the event of a medical emergency.

Their responsibilities include:

- Ensuring a copy of the child's Asthma Action Plan is visible to all Educators, including tertiary students and volunteers.
- Following the child's Asthma Action Plan in the event of exposure to triggers and experiencing symptoms, which may progress to an Asthma attack.
- Ensuring that each child's own Asthma medication kit (including blue reliever puffer) is stored in a clearly labelled area that is easily identifiable to all Educators, including relief staff; easily accessible to adults (not locked away); inaccessible to children, and away from direct sources of heat.
- Ensuring that the Asthma medication kit for each child diagnosed with Asthma is carried by a trained Educator on all routine outings and excursions that the child attends.
- Regularly checking the expiry date on all medications at the Service
- Complying with the practices outlined in the procedures to protect children with Asthma from exposure to their triggers.
- Maintaining current first aid training, including CPR and Asthma and Anaphylaxis, in compliance with the National Law.
- Encouraging open communication between families and educators about the status and impact of a child's Asthma.
- Communicating any concerns to families should it be considered that their child's Asthma is limiting their ability to participate fully in all activities.

FIRST AID KITS AND ASTHMA

NSPS OSHC Service is required to have a suitably equipped Asthma First Aid Kit under the Education and Care Services National Law. As there are children with Asthma attending NSPS OSHC Service on a regular basis, it is appropriate to be prepared for an Asthma emergency.

The OSHC Service maintains the Asthma component of the first aid kit (e.g. regular checks of expiry dates on medication) and ensures that Emergency Asthma First Aid posters are displayed in all rooms where children are provided education and care in OSHC.

Within the first aid kit emergency Asthma medications will include:

- A blue reliever medication (e.g. Airomir, Asmol or Ventolin),
- A spacer device that is compatible with the puffer (may be a large volume spacer e.g. volumatic; or a small volume spacer with removable mask e.g. breath-a-tech, aero chamber or able spacer) ,
- Concise written instructions on Asthma First Aid procedures including steps to be taken in the event of an Asthma attack, and
- 70%-alcohol swabs for the cleaning of devices.

The Asthma First Aid Kit may be used in case of an emergency, should a child's own medication have been forgotten or is found to be empty. This is located in the Orana Centre where the first aid/emergency medication is kept, together with concise instructions for Emergency Asthma First Aid procedures.

Spacer devices, face masks, and reliever medication that is administered directly to a child without a spacer or mask, will not be reused by NSPS OSHC Service. These items will be given to the family or disposed of appropriately. Families may be asked to reimburse the Service for the cost of any items used for their child.

IN THE EVENT OF AN EMERGENCY - ASTHMA

In the event of a medical emergency including Asthma attack, the emergency response procedures specified in this policy must be followed, together with the child's Asthma Action Plan. Policies on the administration of first aid, medical conditions and medications, and emergency response procedures also apply.

In the event that a child who <u>has been diagnosed</u> at Asthma appears to be having an Asthma attack, a trainer educator will:	**In the event that a child who has <u>not</u> been diagnosed with Asthma appears to be having an Asthma attack, Educators will:**
_ Follow emergency response procedures and implement the child's individual Asthma action plan which includes administration of reliever medication. _ Monitor for deescalation of symptoms. _ **Call an ambulance immediately by dialling 000 if** o **reliever medicine not available** o **reliever medication not working/empty** o **can't speak a full sentence** o **extreme difficulty breathing** o **feel Asthma is out of control** o **lips turning blue** <u>If an ambulance is required</u> _ Follow any instructions provided over the phone by emergency services. _ Contact the child's enrolling parent or guardian (without disconnecting the call with emergency services). Alternatively contact the person to be notified in the event of illness as per the child's enrolment record if the parent/guardian cannot be contacted.	_ Commence administration of first aid, including emergency response procedures, and implement any other management plans that relate to the child. _ **Call an ambulance immediately by dialling 000.** _ Follow any instructions provided over the phone by emergency services, which may include the recommendation to administer the reliever medication owned by the service as part of the service's emergency Asthma first aid kit. <u>If an ambulance is required</u> _ Contact the child's enrolling parent or guardian (without disconnecting the call with emergency services). Alternatively contact the person to be notified in the event of illness as per the child's enrolment record if the parent/guardian cannot be contacted. <u>If symptoms subside/an ambulance does not attend</u> _ Where an ambulance does not attend, arrange for collection of the child from the service, and encourage family to seek medical assistance. Continue supervision of the child until they are collected from the service.

If symptoms subside/an ambulance does not attend _ Contact the child's enrolling parent or guardian or alternatively contact the person to be notified in the event of illness as per the child's enrolment record if the parent/guardian cannot be contacted. _ Arrange for collection of the child from the service, and encourage family to seek medical assistance if required. Continue supervision of the child until they are collected from the service.	

REPORTING REQUIREMENTS

Any incident involving serious illness of a child while the child is being educated and cared for at the OSHC service for which the child attended, or ought reasonably to have attended a hospital e.g., severe Asthma attack is considered a serious incident within the context of the National Law (Reg. 12).

Staff members involved in the incident are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident

Families (authorised persons) will be required to sign the Incident, Injury, Trauma and Illness Record, and a copy of this will be stored in the child's file.

The OSHC Coordinator (or nominated supervisor) will inform the School Principal (as a representative of the school council as the approved provider) about the incident, and together they will inform the regulatory authority of the incident within 24 hours of it occurring through the NQA IT System (as per regulations).

AFTER A SERIOUS INCIDENT

The child's individual Asthma Action Plan and Risk Minimisation Plan will be evaluated by the OSHC Coordinator in collaboration with all staff, and the child's family. This will include discussion of the effectiveness of the procedure used.

Staff will discuss the child's exposure to the trigger (if known) with the family, and consider strategies that need to be implemented and maintained to prevent further exposure.

The OSHC Coordinator and School Principal (as a representative of the school council as the approved provider) will undertake review and development of the service's Asthma policy and procedures as required.

RESPONSIBILITIES

Responsibilities of the School Council (as the Approved Provider) and the OSHC Management Sub-Committee:

- Review and develop this policy at least annually, and when the need arises.
- Authorise any changes to this policy.

- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Notify families at least 14 days before changing the policy or procedures if the changes will affect the fees charged or the way they are collected or; significantly impact the service's education and care of children or; significantly impact the family's ability to utilise the service.

Responsibilities of the OSHC Coordinator (or in the absence of the OSHC Coordinator, the Nominated supervisor/ Responsible person present):

- Liaise with the approved provider about Asthma management, communication and risk minimization, including notification of serious incidents and currency of staff training.
- Ensure at least one educator who has completed Emergency Asthma Management training is working with children each session of OSHC, and evidence of currency is maintained in the staff record.
- Discuss with educators their knowledge of issues following educators' participation in emergency Asthma management training
- Ensure that a staff member accompanying children outside the Service carries a copy of each child's individual Asthma medical management action plan and required medication
- Ensure an Administration of Medication Record is kept for each child to whom medication is to be administered by the Service; and ensure that any authorisations for self-administration must be documented in the child's Asthma Management Plan and approved by the OSHC Service, parents/guardian and the child's medical management team.
- Ensure families of children who have Asthma have been provided with a copy of this policy.
- Discuss this policy and its implementation with parents/guardians of children with Asthma to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Develop and document a risk minimisation plan in collaboration with parents/guardian, and ensure the risk minimisation plan is specific to our Service environment, activities, incursions and excursions, and the individual child and is reviewed annually
- Routinely review the first aid kit to ensure that it is complete and the Asthma reliever medication is not expired.
- Conduct 'Asthma response scenarios' and supervise practise sessions in reliever medication administration procedures to determine the levels of educators competence and confidence in locating and using the Service's emergency Asthma management first aid kit
- Selectively audit enrolment checklists to ensure that documentation is current and complete.
- Obtain from families an Asthma Action Plan and emergency medication prior to permitting attendance.
- Request parental authorisation to display a child's Asthma Management Plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the Orana Centre, the staff room, kitchen, and / or near the medication cabinet)
- Review the adequacy of the response of the Service if a child has an Asthma attack and consider the need for additional training and other corrective action.

- Keep a copy of the child's Asthma Management Plan and risk minimisation plan in the enrolment record
- Ensure families provide reliever medication and a spacer whilst their child attends the OSHC Service
- 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 Service
- Ensure families update their child's Asthma Asthma Management Plan regularly or whenever a change to the child's management of Asthma occurs
- Contribute to the review and development of this policy at least annually, and when the need arises.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers actively implement this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Communicate openly with families and stakeholders about this policy and its implementation.
- Assess the needs of staff and families and, where required, provide policies and procedures in multiple languages or an appropriate alternative such as online translation software and/or in audio versions.
- Consider the needs of any temporary or casual staff and how they will access the policies and procedures.

Responsibilities of Educators:

- Be familiar with this Asthma Management Policy, Medical Conditions Policy and Administration of Medication Policy.
- Support families to approach leadership or service management with questions or concerns about the implementation of this policy.
- Maintain qualifications for approved emergency Asthma management training as required.
- Know which child/ren are diagnosed with Asthma, and the location of their Asthma Management Plan and risk management plans and any prescribed medications.
- Be able to identify and, where possible, minimise Asthma triggers as outlined in the child's Asthma Management Plan and risk minimisation plan.
- Ensure the first aid kit, children's personal Asthma medication and Asthma Management Plans are taken on excursions or other offsite events, including emergency evacuations and drills.
- Administer prescribed Asthma medication in accordance with the child's Asthma Management Plan and the Service's Administration of Medication Policy
- Ensure any medical emergencies including Asthma attacks are clearly documented in the Incident, Injury, Trauma or Illness Record and advise parents as a matter of priority, when practicable.
- Consult with the parents/guardians 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/guardians if a child's Asthma is limiting his/her ability to participate fully in all activities.

- Ensure that children with Asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

Responsibilities of Families:

- Be familiar with this Asthma Management Policy, Medical Conditions Policy and Administration of Medication Policy.
- Ask questions about implementation, and raise concerns with leadership or service management.
- Inform staff, either on enrolment or on initial diagnosis, that their child has Asthma.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the OSHC Service or upon diagnosis for children already enrolled.
- Provide a copy of their child's Asthma Management Plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner; and provide an updated plan at least annually or whenever medication or management of their child's Asthma changes.
- Provide appropriate Asthma medication and equipment for their child.
- Provide written authorisation to the OSHC Service for their child to self-administer medication (if applicable)
- Contribute to the development of a risk minimisation plan in collaboration with the OSHC Coordinator, and review the risk minimisation plan annually with the OSHC Coordinator (recommended best practice) and more often if required.
- Contribute to the development of a communication plan in collaboration with the nominated supervisor and lead educators
- Notify the OSHC Service in writing via email or through the Notification of Changed Medical Status form of any changes to their child's medical condition status and provide a new Asthma Management Plan in accordance with these changes
- 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 feeling unwell or experiencing Asthma symptoms.

INDUCTION AND ONGOING TRAINING

It is the responsibility of the individual educator to ensure currency in Emergency Asthma Management certification as prescribed under National Law, and to provide evidence of this certification to service management for recording compliance.

The NSPS School Council the Approved Provider acknowledges the important role played by our service leaders, educators and staff. They are provided with the necessary support to implement Outside School Hours Care service policies and procedures.

To ensure that all NSPS OSHC service stakeholders are given adequate induction and ongoing support to develop a thorough understanding of these procedures, this policy will be provided in accordance with induction processes for the OSHC Service staff team

During indication, educators who will be responsible for the administration of first aid and emergency procedures (including implementation of an Asthma action plan) in the event of an Asthma-related medical

emergency will be supported by the OSHC Coordinator to explore their responsibilities and access any informal learning opportunities that may add value to the knowledge and skills learned in certified training, and enhance the educators confidence in Asthma management.

NSPS OSHC Service supports educators responsible for the administration of emergency asthma first aid through ongoing guidance, regular refreshers, and access to clear procedures. Educators are encouraged to seek support, participate in brief practice and discussions during team meetings, and debrief following asthma first aid incidents. This approach promotes confidence, consistency, and safe responses in line with training, service policies, and individual medical management plans.

KEY TERMS

TERM	MEANING	SOURCE
Allergen, allergy and allergic reaction	An allergy is an immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens. An allergic reaction is an autoimmune reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.	**Allergen, allergy and allergic reaction**
Ambulance contact card	A card that NSPS OSHC Service has completed, containing all the information that the Ambulance Service will request when phoned on 000. For example, the 'How to call' card published by Ambulance Victoria. The Service will display an ambulance contact card by any telephone from which a 000 phone call could be made. https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf	**Ambulance contact card**
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website www.tga.gov.au	Guide to the NQF (Glossary)
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.	
Medication record	The approved provider must keep a medication record for each child to whom medication is administered by the service. This record must include: • the child's name • signed authorisation to administer medication • a record of the medication administered, including time, date, dosage, manner of administration, name and signature of the person administering the medication and of the person checking the medication, if required.	National Regulations (Regulation 92)

	A medication record template is available on the ACECQA website: www.acecqa.gov.au/media/22731	
Serious incident	An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises.	Education and Care Services National Regulations (Regulation 12)
Trained Educator	For the purposes of this policy, this refers to those Educators who have received relevant, professionally run training in the treatment or technique required to administer medication, including administration of the adrenaline auto-injector. In addition, trained Educators hold first-aid qualifications and have undertaken current, approved anaphylaxis management training and emergency asthma management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).	Education and Care Services National Law and Regulations

LINKS TO OTHER NSPS OSHC SERVICE POLICIES

In compliance with r.171, copies of the current policies and procedures required under r.90 and r.168 (including this policy) are available for inspection at the OSHC Service at all times that the service is operating, or otherwise on request.

Associated NSPS OSHC Service health and medical policies and procedures include:

- Administration of first aid policy and procedure
- Blood-borne viruses
- Infection control and immunisation policy
- Illness and infectious diseases
- Incident, injury, trauma and illness policy
- Medical conditions and the administration of medication

Other relevant policies and procedures:

- Acceptance and Refusal of Authorisations
- Enrolment and orientation
- The Educational Program
- Health, nutrition and food safety policy and procedure
- Evacuations and emergency management policy
- Excursions and routine outings
- Privacy and confidentiality of records policy

SOURCES

Australian Children's Education and Care Quality Authority (August 2017); ***Occasional Paper 5, Leadership and management in education and care services*** https://www.acecqa.gov.au/acecqas-occasional-paper-5-quality-area-7
Asthma Australia https://Asthma.org.au/what-is-Asthma/
Australian Children's Education and Care Quality Authority (2022) ***Six reasonable steps to ensure staff follow policies and procedures*** https://www.acecqa.gov.au/sites/default/files/2022-11/13-Six-steps-staff-policies-procedures%20v3.pdf
Australian Institute of Health and Welfare: https://www.aihw.gov.au/reports/chronic-respiratory-conditions/Asthma

Commission for Children and Young People (July 2022); ***Child Safe Standards.*** https://ccyp.vic.gov.au/child-safe-standards/
National Asthma Council Australia https://www.aihw.gov.au/reports/chronic-respiratory-conditions/Asthma
VIctorian Government Department of Education, ***School Operations; Asthma Policy*** https://www2.education.vic.gov.au/pal/asthma/policy

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law https://www.acecqa.gov.au/nqf/national-law-regulations/national-law
The National Quality Framework operates under an applied law system, comprising the Education and Care Services National Law and the Education and Care Services National Regulations. The purpose of the applied law system is to set a national standard for children's education and care across Australia. The following regulations inform the implementation of this policy.

Regulation	Description
Regulation 4	Definitions
Regulation 8	National Quality Standard
Regulation 12	Meaning of serious incident
Regulation 13	Meaning of working directly with children
Regulation 73	Educational program
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – Anaphylaxis or Asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 136	First aid qualifications
Regulation 137	Approval of qualifications
Regulation 161	Authorisations to be kept in enrolment record
Regulation 162	Health information to be kept in enrolment record
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 173	Prescribed information to be displayed
Regulation 174	Time to notify certain circumstances to Regulatory Authority
Regulation 174A	Prescribed information to accompany notice
Regulation 175	Prescribed information to be notified to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 183	Storage of records and other documents
Regulation 185	Law and regulations to be available

National Quality Standard https://www.acecqa.gov.au/nqf/national-quality-standard
The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important to outcomes for children. NSPS OSHC Service is assessed and rated by the Victorian Government Department of Education against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results. The following quality areas, standards and elements support the implementation of this policy.

Standard/Element	Item
Element 1.1.3	Program learning opportunities
Element 1.3.3	Information for families
Quality Area 2	Children's Health and Safety
Standard 4.1	Staffing arrangements
Element 4.1.1	Organisation of Educators
Element 5.1.2	Dignity and rights of the child
Standard 6.1	Supportive relationships with families
Element 6.1.1	Engagement with the service
Element 6.2.2	Access and participation
Element 7.1.2	Management systems
Element 7.1.3	Roles and responsibilities
Standard 7.2	Leadership
Element 7.2.3	Development of professionals

Framework for School Age Care in Australia https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
Under the National Law, services must deliver an educational program to all children being educated and cared for that is based on an approved learning framework, delivered in accordance with that approved learning framework, based on the developmental needs, interests and experiences of each child , and designed to take into account the individual differences of each child. The following principles, practices and learning outcomes support the implementation of this policy.

Principle/Outcome	Description
Principles	Partnerships
	Equity, inclusion, and high expectations
Practices	Holistic, integrated and interconnected approaches
	Collaboration with children and young people
	Play leisure and intentionality
	Assessment and evaluation for wellbeing, learning and development
Learning outcomes	Children and young people have a strong sense of identity
	Children and young people and connected with and contribute to their world
	Children and young people have a strong sense of wellbeing

POLICY EVALUATION, REVIEW AND DEVELOPMENT

This policy will be reviewed and developed accordingly as part of the NSPS OSHC Service annual review process, or more often if necessary due to changes in regulations, circumstances, or operational matters.

In response to the event of a serious incident involving a medical emergency (including Asthma attack), this policy and procedures will be reviewed and developed to ensure the effectiveness of its implementation.

NSPS OSHC Service ensures that all relevant stakeholders are notified at least 14 days before making any change to this policy, unless that notice period would pose a risk to the safety, health or wellbeing of any child enrolled at the service. In this instance, stakeholders will be notified as soon as practicable after making a change in accordance with requirements under the National Law.

Date	Description	Author
01/01/2026	New policy developed and informed by recommendations from Asthma Australia as a recognised Asthma authority.	OSHC Sub-Committee
02/03/2026	Finalised for leadership/management review, prepare to present at April School Council meeting with recommendation of approval.	School Principal, OSHC Coordinator, and OSHC Sub-Committee
18/056/2026	Approved	School Council