

Health and Safety – Asthma Management Procedure

Council Early Years Services

Procedure Number:	D23-7162	Directorate:	Connected Communities
Approval by:	Senior Coordinator Early Years Services	Responsible Officer:	Integrated Early Years Hubs Team
Approval Date:	February 2023	Version Number:	3.1
Review Date:	3 Years from Last Approval Date	Service Type:	<div style="display: flex; gap: 10px;"> <div style="background-color: #0070c0; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">K</div> <div style="background-color: #0070c0; color: white; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">LDC</div> </div>

ACECQA Quality Area:	Quality Area 2 – Children’s Health and Safety Quality Area 4 – Staffing Arrangements Quality Area 5 – Relationships with Children Quality Area 7 – Governance and Leadership
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1. Purpose

This procedure will provide clear guidelines to all educators, staff and families in relation to the management of children with asthma attending Council Approved Early Years Services to;

- Respond appropriately to children with asthma by administering appropriate treatment.
 - This includes providing emergency response to children, not medically diagnosed with asthma, experiencing breathing difficulties (suspected asthma attack.)
- Support and document effective communication between families and educators regarding the ongoing management of asthma.
- Raise awareness and understanding of asthma and management of the condition at the service through education, and implementation of this procedure.
- Promote children's health and safety.

It also serves to inform other adults at the service such as volunteers, students and other professionals.

1.1 About Asthma

Asthma is a chronic, treatable health condition that affects approximately one in nine Australian children and is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Education assists in generating a better understanding of asthma within the community and minimising its impact.

According to the Better Health Channel, every child's asthma is different. Some children have mild occasional episodes while others can have continuous symptoms, which limit their daily activity. It is important to remember that a child can have a serious life threatening attack even if they generally have mild or occasional asthma.

Some of the common asthma symptoms and signs include:

- Coughing
- Wheezing
- A feeling of tightness in the chest (often described as a sore tummy)
- Difficulty breathing
- Shortness of breath

A child may have all of these symptoms or just a few.

1.2 Seasonal asthma triggers

The Better Health Channel notes that the following conditions may trigger asthma or hay fever conditions:

- Grass pollen,
- Thunderstorm asthma.
Thunderstorm asthma is thought to be triggered by a unique combination of high grass pollen levels and a certain type of thunderstorm. Thunderstorm asthma can affect those with asthma or hay fever – especially people who experience wheezing or coughing with their hay fever. Further information can be sourced from [Asthma Australia](#).

2. Scope

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisors, Persons in Day to Day Charge, Educators, Staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Knox City Council Early Years Services.

Please note: Asthma management should be viewed as a shared responsibility. While Knox City Council recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

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3. Responsibility

Responsibilities for the procedure are:

Person	Responsible for
Nominated Supervisors/ Educators/Staff	<ul style="list-style-type: none"> • Referring to the Enrolment Checklist for Asthmatic Children (Appendix 5) • Ensuring that at least one Educator with current approved Asthma Management training (refer to Appendix 6) is on duty and immediately be available at all times the service is in operation. (<i>National Regulations 136, 137</i>). <ul style="list-style-type: none"> ○ Recording all details of current, approved First Aid, Asthma and Anaphylaxis training as outlined on the ACECQA website, and document completion dates in the educators/staff file. (<i>National Regulations 146, 147</i>) • Provide all educators, staff members, students, and volunteers with access to a copy of the Asthma Management Procedure and Medical Conditions Procedure. (<i>National Regulations, 91</i>). • Providing a clearly labelled ‘service name’ asthma puffer and spacer to be used in the case of an emergency only. This equipment should be stored in an easily accessible location for staff (not locked away) but inaccessible to children. • Providing the parent of a child identified with asthma, with a copy of the Asthma Management Procedure and the Medical Conditions Procedure (<i>National Regulation, 91</i>). • Identifying children with asthma during the enrolment process, ensuring that all required documentation (Action Plan, Communication Plan and Risk Minimisation Plan) and medication is in place before the child attends the service for the first time. <ul style="list-style-type: none"> ○ Informing families that enrolment documentation may take 5-10 days to process and may impact the date their child/dren can commence at the service. • Ensuring that families of children with medically diagnosed asthma have provided Council’s Early Years Services with the appropriate medication and equipment for use when the child attends at the service and in the event the child suffers an asthma attack. • Ensuring appropriate Asthma Action Plans are up to date as per the review expiry date, or in alignment with changes to medical/general information as provided by child’s medical practitioner/family. • Ensuring that the recruitment of all new educators and staff that are responsible for the care and education of children have an approved Asthma Management Qualification. This qualification must be renewed every three years. • Display the Asthma Foundation generic poster, ‘Asthma First Aid’, in a key location at the service where the child is being educated and cared for ensuring it is accessible to educators and staff. • Displaying Asthma Action Plans in a key location at the service where the child is being educated and cared for. Ensure the presence of these plans are known by all educators and staff. • Recognising and treating symptoms of asthma in accordance with the child’s Asthma Action Plan regardless of whether the symptoms are mild, moderate or severe. <ul style="list-style-type: none"> ○ Treatment must commence immediately as delay may increase risk to the child’s health and safety and wellbeing. • Completing regular checks of all asthma puffers and spacers to ensure they are current and in date.

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- Checking that the required asthma puffer and spacer is stored in accordance with the Administration of Medication Procedure in a location that is known to educators and staff; is easily accessible to adults (not locked away) but is inaccessible to children.
 - Ensuring all asthma equipment is packed as part of the services Emergency Kit and available during any activities conducted outside of Council Approved Early Years Services.
 - Documenting any asthma related incidents that has occurred in a Council Early Years services in the Incident, Injury, Trauma and Illness Record Form.
 - A family member must be informed of the incident as soon as possible.
-

4. Procedure

The following steps must be taken to complete this procedure:

4.1 Induction of Educators and Staff

Induction of educators, staff, volunteers and students who are responsible for the education and care of a child diagnosed with asthma who attends a Council Approved Early Years Service will include:

- A copy of the Asthma Management Procedure and Medical Conditions Procedure.
- The location of the stored asthma puffers, spacers and masks (where applicable).
- Information about where the following documents are located:
- Asthma Action Plan (signed by a Medical Practitioner)
- Risk Minimisation Plan for the Management of Asthma
- Asthma Communication Plan
- Instruction that a child cannot attend the service if their specific asthma medication has not been provided.
- **Please note:** All Knox City Council Early Years casual relieving educators are responsible to obtain and maintain current training in asthma management and be aware of symptoms of an asthma attack and the location of Asthma Action Plans.

4.2 Staff Asthma Management Training and Accreditation

Council Early Years Services recognise the importance of educators and staff being responsible for children at risk of asthma. Council Early Years Services will support educators and staff to undertake regular training that includes an approved Asthma Management Training Qualification (refer to Appendix 6) every 3 years.

4.3 Provision and Cleaning of Devices

Asthma devices are considered 'single-person use only'. This means that once a spacer has been used by a child it must be discarded or given to that child for their exclusive use. Spacers are not to be shared between children.

- A small mask will also be available as not all small children have the ability to close their mouth around the mouthpiece of a spacer.
- It is essential that if a spacer is used and discarded (or given to a child) from the services first aid or emergency evacuation kit that it is replaced as soon as possible.
- If puffers are attached to spacers every time they are used, then only the spacer is to be discarded.
- Personal spacers belonging to children do not need to be discarded after use.
- Puffers may be cleaned by removing the medication canister, rinsing the outer plastic casing with warm soapy water, allowing to air dry then replacing the medication canister inside the plastic casing ready for further use. ([See Appendix 7](#))

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4.4 First or Unknown Attack

- If a child suddenly develops or complains of difficulty in breathing and/or has an incessant cough or wheeze, appropriate care must be given immediately, WHETHER OR NOT the child has been medically diagnosed with asthma.
 - Appropriate care: (i.e. apply asthma first aid procedures as per the [Asthma First Aid poster](#) and call an ambulance immediately (dial 000) and state that the child is having breathing difficulty. Follow the direction of the emergency services.
 - If medication is administered under this scenario, parents must be notified as soon as practical (National Regulations, 94).

5. Risk Minimisation Plan

The Education and Care Services National Regulations 2011 require that a [Risk Minimisation Plan](#) be in place where a child diagnosed at risk of asthma is attending an early education and care service. The Risk Minimisation Plan will detail how Educators/staff and families document and manage asthma risk exposures.

Responsibilities for the Risk Minimisation Plan are:

Person	Responsible for
Nominated Supervisors/ Educators/Staff	<ul style="list-style-type: none"> • Conduct an assessment for potential risk exposures (triggers/allergens) while child/ren with asthma are in attendance at the service and develop a Risk Minimisation Plan for the service in consultation with educators and families of the child/ren. <ul style="list-style-type: none"> ○ The plan must be updated annually. • Obtain information about identified asthma risk exposures (triggers/allergens) to which the child is sensitive to and take these into account while child/ren at risk of asthma are in attendance at the service. • Display the Asthma Foundation generic poster, 'Asthma First Aid' in a key location at the service. • Display ambulance contact details near all telephones. • Check with families that children with known asthma have provided an asthma puffer and spacer and where required a mask when in attendance at the service. <ul style="list-style-type: none"> ○ Please note: Children will not be able to access the service until the families have provided the asthma puffer for the services to access in the case of an asthma attack. • Regularly communicate with families in relation to individual children’s asthma requirements.
Families	<ul style="list-style-type: none"> • Collaborate with educators/staff to develop the Risk Minimisation Plan. • Regularly communicate with educators/staff in relation to their child’s risk exposures (allergens/triggers) and Asthma Risk Minimisation Plan. • Provide an asthma Puffer and Spacer and where required a mask when in attendance at the service for their child/dren. <ul style="list-style-type: none"> ○ Please note: Children will not be able to access the service until the parents have provided the asthma puffer for the service to access in the case of an attack.

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6. Communication Plan

The National Regulations 2011 require that a [Communication Plan](#) be in place where a child diagnosed at risk of asthma is attending an early education and care service. The Communication will detail;

- How Educators/Staff are informed about the asthma management procedures.
- How families might communicate changes to their child’s Risk Minimisation Plan and Action Plan to Educators/Staff, and;
How Educators/Staff continue to be informed and familiar with the plans for individual child/ren diagnosed at risk of asthma.

Responsibilities for the Communication Plan are:

Person	Responsible for
Nominated Supervisors/ Educators/Staff	<ul style="list-style-type: none"> • Implementing a communication plan and encouraging ongoing communication between parents, Educators/Staff regarding the current status of the child’s asthma. <ul style="list-style-type: none"> ○ The plan must be updated annually. • Immediately communicate any concerns with parents regarding the management of children diagnosed at risk of asthma attending the service. • Discuss and review the child’s plans as required in team meetings, or as changes occur to assess how practices in the service align with the requirements of the plans and communicate changes in practice with parent accordingly. • Ensure that the child’s Asthma Action Plan is specific to the brand of medication prescribed by the child’s medical practitioner. • Respond promptly to changes in the child’s condition when informed by parents (with an updated Action Plan signed by a Medical Practitioner) ensuring that other educators in the service are also informed of any changes in a timely manner.
Families	<ul style="list-style-type: none"> • Work with Nominated Supervisors/Educators/Staff to ensure the following documentation is complete and available prior to a child/ren attending the service. <ol style="list-style-type: none"> 1. Asthma Action Plan <ul style="list-style-type: none"> ○ An appropriate Asthma Action Plan will be completed by the child’s Medical Practitioner. This plan must be updated annually. 2. Risk Minimisation Plan <ul style="list-style-type: none"> ○ This will be used to plan for, document and manage different risk exposures which might potentially arise during a child’s participation at the service. 3. Asthma Communication Plan <ul style="list-style-type: none"> ○ This will be used for documenting communication and partnership between the service and the parent regarding the wellbeing of the child.

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7. Related References

7.1 Community & Council Plan 2017-2021

- Goal 8 - We have confidence in decision-making.
- Goal 6 - We are healthy, happy and well.

7.2 Relevant Legislation

- ACECQA – Guide to the National Quality Framework
- Child Safe Standards
- Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 No.63 of 2015
- Child Wellbeing and Safety Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001
- Information Privacy Act 2014 (Vic)

7.3 Charter of Human Rights

- This policy has been assessed against and complies with the charter of Human Rights.

7.4 Related Council Policies & Procedures

- Nil

7.5 Related Knox City Council Procedures

- Medical Conditions Procedure
- Anaphylaxis Management Procedure
- Incident, Injury, Trauma and Illness Procedure
- Administration of Medication Procedure
- Children’s Health, Well-Being & Safety Policy

All Team Leaders, Educators and staff working for Knox City Council Early Years Services are required to read and understand all Knox City Council Early Years Policies and Procedures.

We strongly recommend all families enrolling in Knox City Council Early Years Services read the Knox City Council Early Years Services Policies and Procedures.

7.6 Sources

- [Asthma Australia](#)
- [Asthma Australia - Asthma Action Plan and Asthma First Aid Poster](#)
- [Asthma Management Handbook, National Asthma Council Australia](#)
- [Asthma Australia: Thunderstorm Asthma Information Sheet](#)
- [National Asthma Organisation](#)
- [Better Health Channel: Asthma in Children](#)
- [Better Health Channel: Thunderstorm Asthma](#)

8. Definitions

Educator	A broad term to describe an individual who is employed to provide education and care for children as part of an education and care service. This term encompasses all roles and qualifications.
Responsible Person	Must be present at all times at a centre based service who is educating and caring for children. A responsible person can be one of the following (section 162): <ul style="list-style-type: none"> • The approved provider or a person with management or control • The nominated supervisor of the service • A person who has been placed in day-to-day charge of the service.
Parent	The term ‘parent’ includes a child’s legal guardian. It does not include a parent who is prohibited by a court order from having contact with the child.
Staff	Refers to staff inclusive of but not limited to, Maternal Child Health Nurses, Mental Health Nurses, Parenting Support Workers, Maternal Child Health Students, Supported Playgroup Facilitators, Early Years Consultants, Cooks and Program Support Officers.

For further glossary and definitions please see: *Family and Children’s Services Quality System Glossary and Definitions.*

9. Administrative Updates

From time to time, circumstances may change leading to the need for minor administrative changes to this procedure. Where an update does not materially alter this policy, such a change may be made administratively. Examples of minor administrative changes include changes to names of Council departments or positions, change to names of Federal or State Government departments or a minor amendment to legislation that does not have material impact. Where any change or update may materially change the intent of this policy, it must be considered by Council.

Updates	Version		
16 Nov 23	3.1	Updated Asthma Plans	Appendix 1 – Action Plans Updated picture of Asthma Plans dated Oct 2023
16 Nov 23	3.1	Included Link to National Asthma Council	Appendix 1 - Asthma Actions Plan - National Asthma Council Australia

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Appendix 1 – Asthma Action Plans

The following Asthma Action Plans are acceptable action plans for children with Asthma. **Please note:** These forms must be completed by a medical practitioner in consultation with families of children diagnosed with asthma.

Preferred Action Plans

Asthma Australia [Asthma Action Plan - Asthma Australia](#)

ASTHMA ACTION PLAN

Take me when you visit your doctor

Name:

Plan date: **Review date:**

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

WELL CONTROLLED is all of these...

- needing reliever medicine no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak flow reading (if used) above _____

TAKE preventer

Name:

morning night puffs/inhalations

• Use my preventer, even when well controlled • Use my spacer with my puffer

TAKE reliever

Name: puffs/inhalations as needed

puffs/inhalations 15 minutes before exercise

• Always carry my reliever medicine

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor same day or as soon as possible

FLARE-UP Asthma symptoms getting worse such as any of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____

My triggers and symptoms:

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc:

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc:

SEVERE Asthma symptoms getting worse such as any of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) below _____

My triggers and symptoms:

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc:

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc:

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____

TAKE preventer

Name:

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc:

1 **CALL AMBULANCE NOW**

Dial Triple Zero (000)

2 **START ASTHMA FIRST AID**

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v19 Updated 13 October 2023

ASTHMA FIRST AID

Blue/Grey Reliever
Aiomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has **SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1 **SIT THE PERSON UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

2 **GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER**

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

! If using Bricanyl (5 years or older)

- Do not shake. Open, twist around and back, and take a deep breath in
- Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3 **WAIT 4 MINUTES**

- If breathing does not return to normal, give 4 more separate puffs of reliever as above

! Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

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

! Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives

1800 ASTHMA
(1800 278 462)
asthma.org.au

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Asthma Actions Plan - National Asthma Council Australia

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

ACTION PLAN FOR Name _____ Date _____ Next asthma check-up due _____	DOCTOR'S CONTACT DETAILS Name _____ Phone _____	EMERGENCY CONTACT DETAILS Name _____ Phone _____ Relationship _____
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WHEN WELL ALWAYS CARRY YOUR RELIEVER WITH YOU

Asthma under control (almost no symptoms) Peak flow* (if used) above:

Your preventer is: _____ (NAME & STRENGTH)
Take _____ puffs/tablets _____ times every day
 Use a spacer with your inhaler

Your reliever is: _____ (NAME)
Take _____ puffs
When: You have symptoms like wheezing, coughing or shortness of breath
 Use a spacer with your inhaler

OTHER INSTRUCTIONS (e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL I

Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities) Peak flow* (if used) between _____ and _____

Keep taking preventer: _____ (NAME & STRENGTH)
Take _____ puffs/tablets _____ times every day
 Use a spacer with your inhaler

Your reliever is: _____ (NAME)
Take _____ puffs
 Use a spacer with your inhaler

OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines) Contact your doctor

IF SYMPTOMS WORSEN I

Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms) Peak flow* (if used) between _____ and _____

Keep taking preventer: _____ (NAME & STRENGTH)
Take _____ puffs/tablets _____ times every day
 Use a spacer with your inhaler

Your reliever is: _____ (NAME)
Take _____ puffs
 Use a spacer with your inhaler


OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines) Contact your doctor today
Prednisolone/prednisone: Take _____ each morning for _____ days

DANGER SIGNS I

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Peak flow (if used) below:
Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed
 Use your adrenaline autoinjector (EpiPen or Anapen)



nationalasthma.org.au

ASTHMA ACTION PLAN

WHAT TO LOOK OUT FOR

WHEN WELL THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

CALL AN AMBULANCE IMMEDIATELY. DIAL 000 SAY THIS IS AN ASTHMA EMERGENCY

DIAL 000 FOR AMBULANCE

<p>ASTHMA MEDICINES</p> <p>PREVENTERS Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken every day, even when you are well. Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).</p>	<p>RELIEVERS Your reliever medicine works quickly to make breathing easier by making the airways wider. Always carry your reliever with you - it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.</p>
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To order more Asthma Action Plans visit the National Asthma Council website.
A range of action plans are available on the website - please use the one that best suits your patient.
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National Asthma Council AUSTRALIA

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Appendix 2 – Asthma Communication Plan

Communication Checklist for Parents & Educators	
Child Name	
Parents of children shall work in collaboration with educators to provide the following:	
Information about their child’s asthma upon enrolment and following a review of their condition by a medical practitioner.	<input type="checkbox"/>
Asthma Action Plan completed by a medical practitioner giving consent to use preventer/reliever in line with this action plan. All equipment/medication must be clearly labelled with the child’s name.	<input type="checkbox"/>
Signed Asthma Risk Minimisation Plan with the service and is completed in conjunction with Educators.	<input type="checkbox"/>
Assurance that equipment and medication expiry dates are checked and accessible every time the child attends the service.	<input type="checkbox"/>
Assistance by offering information and answering any questions regarding their child’s asthma.	<input type="checkbox"/>
Immediate communication of all relevant information and concerns relating to the health of the child.	<input type="checkbox"/>
Assistance by discussing relevant issues with educators that could affect the child’s care.	<input type="checkbox"/>
Confirmation they are familiar with, and will adhere to, the asthma management procedures of the service.	<input type="checkbox"/>
Educators/Staff shall:	
Read and be familiar with the procedure. Follow all procedures outlined in this document.	

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Appendix 2 Continued – Asthma Communication Plan

Child Name		Parent Name		Contact Details	
Asthma Procedure provided to family (insert date)					
Asthma medication and equipment provided to service (insert date)					
Location of Asthma medication and equipment					
Routine Checks of Asthma Medication and Equipment					
Term 1	Date		Staff Name		Staff Signature
Term 2	Date		Staff Name		Staff Signature
Term 3	Date		Staff Name		Staff Signature
Term 4	Date		Staff Name		Staff Signature
Kindergarten only: Information is provided in the Relievers Folder: Names of ‘at risk children’ and locations of Asthma Plans, medication, equipment and procedures.					
Agreement And Action Declaration					
Staff Name		Staff Signature		Date	
Parent Name		Parent Signature		Date	
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Appendix 3 – Asthma Risk Minimisation Plan

Child's Name		Date	
Service Name		Room	
Asthma Management Plan Location (including child's photo)			
Known Asthma Triggers	Potential Sources of Exposure		Strategies to Minimise Exposure
Plan Review: Family and Service Staff			Date
To be conducted annually, or after any incident or change in known asthma triggers			
Staff Name		Staff Signature	Date
Parent Name		Parent Signature	Date
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Appendix 4 – Examples of Risks, Situation and Concepts to Consider when Completing the Asthma Risk Minimisation Plan

<ul style="list-style-type: none"> • What the child’s asthma triggers? Is this information listed in the Asthma Action Plan?
<ul style="list-style-type: none"> • What and where in the service are the potential sources of exposure to the child’s asthma triggers?
<ul style="list-style-type: none"> • Do plants around the service attract bees, wasps or ants?
<ul style="list-style-type: none"> • Consider planting a low-allergen garden to minimise asthma triggers.
<ul style="list-style-type: none"> • Do cleaning staff use products that leave a strong odour?
<ul style="list-style-type: none"> • Do staff use heavy perfumes or spray aerosol deodorants whilst at work?
<ul style="list-style-type: none"> • Is the service located within a bushfire-prone area where controlled burning may occur?
<ul style="list-style-type: none"> • What activities may aggravate the child’s asthma triggers?
<ul style="list-style-type: none"> • Consider the pollen count to determine where an outdoor activity may or may not trigger a child’s asthma.
<ul style="list-style-type: none"> • Consider protection from insect bites during outdoor activities.
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Appendix 5 – Enrolment Checklist for Asthmatic Children

Responsibilities of Nominated Supervisor			
Child Name			
• Asthma Action Plan has been completed by a medical practitioner and copy has been received.			<input type="checkbox"/>
• Asthma Action Plan has been prominently displayed and is clearly visible in the event of an emergency.			<input type="checkbox"/>
• Signed Asthma Communication Plan with the service is completed in conjunction with the Educator/parent.			<input type="checkbox"/>
• Signed Asthma Risk Minimisation Plan with the service is completed in conjunction with the Educator/parent.			<input type="checkbox"/>
• Asthma medication has been provided by family and is available for use and easy accessible at any time the child is in attendance at the service.			<input type="checkbox"/>
• All staff responsible for the care and education of the asthmatic child undertake asthma management training which includes strategies for asthma management.			<input type="checkbox"/>
• Ensure parents of a child with asthma have been provided with a copy of the services' Asthma Management Procedure.			<input type="checkbox"/>
• Ensure parents current contact details are available.			<input type="checkbox"/>
• Provide information to the service community about resources and support for managing asthma.			<input type="checkbox"/>
• Comply with the procedures outlined in these documents.			<input type="checkbox"/>
Nominated Supervisor Declaration			
Name			
Signature		Date	
Witness Name			
Witness Signature		Date	

Appendix 6 – Approved Asthma and First Aid Training Providers

[Australian Children’s Education and Care Authority First Aid Qualifications and Training](#)

Appendix 7 – How to Clean a Puffer and Spacer

[National Asthma Council Australia: Spacer care and use fact sheet](#)

[National Asthma Council Australia: Puffer and inhaler care fact sheet](#)

Appendix 8 – Asthma First Aid Poster – Updated link to First Aid Poster Oct 2023

Asthma Australia [Resources - Asthma Australia](#)

National Asthma Council Australia [Asthma First Aid - National Asthma Council Australia](#)

Important: Please check Asthma Australia website to verify if above version is current.

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