

ASTHMA MANAGEMENT

QUALITY AREA 2 | VERSION 1.4

This policy was reviewed by Asthma Australia., visit Asthma Australia's website: www.asthma.org.au for more information.



PURPOSE

This policy will outline the procedures to:

- ensure ECT's/educators, staff and families are aware of their obligations and the best practice management of asthma at Leslie Moorhead Pre-School Centre
- ensure that all necessary information for the effective management of children with asthma enrolled at Leslie Moorhead Pre-School Centre is collected and recorded so that these children receive appropriate attention when required
- requirements for medical management plans are provided by parents/guardians for the child
- ensuring Asthma Action Plans are provided by parents/guardians for the child prior to commencement
- develop risk-minimisation and communication plans with parents/guardians
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service
- ensure ECT's/educators, staff and families follow the advice from Emergency Management Victoria associated with thunderstorm asthma event.

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



POLICY STATEMENT

VALUES

Leslie Moorhead Pre-School Centre is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Leslie Moorhead Pre-School Centre, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While Leslie Moorhead Pre-School Centre 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 registered medical practitioner

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Providing all staff with access to the service's <i>Asthma Management Policy</i> , and ensuring that they are aware of asthma management strategies (<i>refer to Procedures</i>) upon employment at the service	R	√			
Providing families with access of the service's <i>Asthma Management Policy</i> and <i>Dealing with Medical Conditions Policy</i> upon enrolment of their child (<i>Regulation 90, 91</i>)	R	√			
Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans	R	R			
Providing approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) to staff as required under the <i>National Regulations 136</i>	R	√			
Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) is always on duty	R	√			
Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current (within the previous 3 years), meet the requirements of the <i>National Law (Section 169(4)) and National Regulations (Regulation 136, 137)</i> , and are approved by ACECQA	R	√			
Maintaining current approved Emergency Asthma Management (EAM) (<i>refer to Definitions</i>) qualifications		R	R		√
Ensuring the details of approved Emergency Asthma Management (EAM) training (<i>refer to Definitions</i>) is included on the staff record (<i>refer to Definitions</i>)	R	√			
Organising asthma management information sessions for families of children enrolled at the service, where appropriate	R	√			
Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families	R	√	√		√
Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	R	√	√		√

Identifying children with asthma during the enrolment process and informing staff	R	√			
Ensuring families provide a copy of their child's Asthma Action Plan (<i>refer to Definitions and Attachment 2</i>), in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service (<i>Regulation 90</i>). The Asthma Action Plan should be reviewed and updated at least annually	R	√		√	
Developing a Risk Minimisation Plan (<i>refer to Definitions and Attachment 4</i>) for every child with asthma, in consultation with families	R	√	√	√	
Developing and implementing a communication plan (<i>refer to Definitions</i>) ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families (<i>Regulation 90 (c) (iv)(A)(B)</i>) (<i>refer to Dealing with Medical Conditions</i>)	R	√	√	√	√
Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan (<i>refer to Definitions</i>), to ensure current information is shared about specific medical conditions within the service (<i>refer to Dealing with Medical Conditions</i>)	R	√	√		
Ensuring all details on their child's enrolment form and medication record (<i>refer to Definitions</i>) are completed prior to commencement at the service				√	
Ensuring a copy of the child's Asthma Action Plan is accessible and known to staff in the service. (<i>Regulations 90 (iii)(D)</i>). Prior to displaying the Asthma Action Plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (<i>refer to Privacy and Confidentiality Policy</i>)	R	√		√	
Ensuring that all children with asthma have an Asthma Action Plan, Risk Minimisation Plan and Communication Plan filed with their enrolment record	R	√		√	
Notifying staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record				√	
Providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name				√	
Consulting with the families of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma	R	√		√	
Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities	√	√	√		
Compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Action Plan for each child	√	√	√		

Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit	R	√	√		
Ensuring that medication is administered in accordance with the child's Asthma Action Plan and the <i>Administration of Medication Policy</i>	R	R	R		
Ensuring a medication record is kept for each child to whom medication is to be administered by the service (<i>Regulation 92</i>)	R	√	√		
Ensuring families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service	R	√		R	
Implementing an asthma first aid procedure (<i>refer to Procedures</i>) consistent with current national recommendations	R	R	R		
Ensuring that all staff are aware of the asthma first aid procedure	R	√			
Ensuring adequate provision and maintenance of asthma first aid kits (<i>refer to Definitions</i>)	R	√			
Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks that are from the services first aid kits are replaced after every use	R	√	√		
Facilitating communication between management, ECT, educators, staff and families regarding the service's <i>Asthma Management Policy</i> and strategies	R	√			
Identifying and minimising asthma triggers (<i>refer to Definitions</i>) for children attending the service as outlined in the child's Asthma Action Plan, where possible	R	√	√		
Ensuring that children with asthma are not discriminated against in any way	√	√	√		√
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	√	√	√		√
Ensuring that children with asthma can participate in all activities safely and to their full potential	√	√	√		√
Immediately communicating any concerns with families regarding the management of children with asthma at the service	R	√	√		
Displaying Asthma Australia's Asthma First Aid poster (<i>refer to Sources and Attachment 3</i>) in key locations at the service	R	√			
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i>	R	R	R		
Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable (<i>Regulation 94</i>)	R	R	R		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a	R	R	R		√

child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma					
Ensuring an Asthma Emergency Kit (<i>refer to Definitions</i>) is taken on all excursions and other offsite activities (<i>refer to Excursions and Service Events Policy</i>)	R	R	√		



PROCEDURES

Asthma Australia’s Asthma First Aid 2023: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2023-A3_CMYK_v10_Blue.pdf



BACKGROUND AND LEGISLATION

BACKGROUND

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

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The approved provider will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011 (Regulation 136(c))*. As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved emergency asthma management training (*refer to Definitions*).

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au

Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Action Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Action Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (refer to Attachment 2)

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

The Asthma Australia recommends that spacers and face masks are for single use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used. These used items can be provided to the child/family as a means of suitability.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, an ingredient used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Ventolin or Zempreon.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service (refer to Attachment 3).

Spacer: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.



SOURCES AND RELATED POLICIES

SOURCES

- Asthma Australia: www.asthma.org.au or phone 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA.

RELATED POLICIES

- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Staffing

EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

ATTACHMENTS



- Attachment 1: Asthma ACtion Plan – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf
- Attachment 2: Asthma First Aid poster – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue.pdf
- Attachment 3: Asthma Risk Minimisation Plan – download from the Asthma Australia website: <https://asthma.org.au/support/how-we-can-help/resources/>
- Attachment 4: Legislation and standards applicable to this policy



AUTHORISATION

This policy was adopted by the Leslie Moorhead Pre-School Inc. Committee of Management on 30th July 2012.

Reviewed by: Sallie McCarthy

Ratified Date: 22nd March 2024

Next Review Date: February 2027 unless the Asthma Foundation of Victoria advises of changes prior to that date

ATTACHMENT 1: ASTHMA ACTION PLAN – DOWNLOAD FROM THE ASTHMA AUSTRALIA WEBSITE:

https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf

photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor

Patient name: <input style="width: 90%;" type="text"/>	EMERGENCY CONTACT
Plan date: <input style="width: 80%;" type="text"/>	
Review date: <input style="width: 80%;" type="text"/>	
Doctor details: <input style="width: 95%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>
	Phone: <input style="width: 90%;" type="text"/>
	Relationship: <input style="width: 90%;" type="text"/>

WELL CONTROLLED is all of these...

- needing reliever medication 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

day / 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 medication

FLARE-UP is any of these...

- needing reliever medication more than usual OR 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

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

TAKE reliever

name puffs/inhalations as needed

START other medication

name dose for days

MAKE an appointment to see my doctor this week

SEVERE is any of these...

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

Peak Flow reading (if used) between and

my triggers and symptoms

TAKE preventer

name

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

TAKE reliever

name puffs/inhalations as needed

START other medication

name dose for days

MAKE an appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

If unable to see my doctor/hospital:

START other medication

name dose for days

EMERGENCY is any of these...

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

Peak Flow reading (if used) below

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. v15 Updated 28 November 2022

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Leslie Moorhead
Pre-School Centre Inc
The Pre-School in the heart of Hornington

ATTACHMENT 2: ASTHMA FIRST AID POSTER – DOWNLOAD FROM THE ASTHMA AUSTRALIA WEBSITE:


https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue.pdf

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, 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), even if there are no skin changes, then use a reliever**


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 puffs** have been taken

If using **Bricanyl**, give 2 separate inhalations (5 years or older)

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

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

IF BREATHING DOES NOT RETURN TO NORMAL



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



Translating and Interpreting Service
131 450

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ATTACHMENT 3: ASTHMA RISK MINIMISATION PLAN – DOWNLOAD FROM THE ELAA WEBSITE:

<https://elaa.org.au/wp-content/uploads/2020/02/asthma-risk-minimisation-plan.pdf>

Individual Asthma Risk Minimisation Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (Asthma Action Plan/Asthma Care Plan) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's Asthma Action Plan/Asthma Care Plan containing the emergency procedures plan and current photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
Date of Birth		Year Level	
Known asthma triggers			
Other health conditions			
Medication at school			
Emergency Contact Details (Parent/Carer)			
Name		Name	
Relationship		Relationship	
Phone - Home		Phone - Home	
Phone - Mobile		Phone - Mobile	
Address		Address	
Emergency Contact Details alternate)			
Name		Name	
Relationship		Relationship	
Phone - Home		Phone - Home	
Phone - Mobile		Phone - Mobile	
Address		Address	
Medical Practitioner			
Name		Phone	
Emergency care to be provided at school			
Storage of reliever medication/ device			

Individual Asthma Risk Minimisation Plan

Environment			
To be completed by the Principal or nominee.			
Please consider the range of environments/areas (on and off-school site) the student will be in for the year (eg. classroom, canteen, sports oval, excursion, camp etc)			
Name of environment/area			
Risk Identified	Actions taken to minimise risk	Responsible	Completion date
Name of environment/area			
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Name of environment/area			
Risk Identified	Actions taken to minimise risk	Responsible	Completion date

Individual Asthma Risk Minimisation Plan

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student’s medical condition, insofar as it relates to asthma management, changes
- as soon as practicable after the student experiences a severe/life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camp or excursion, or at special events, conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.

I consent to the risk minimisation strategies proposed herein.

Signature of parent/carer	
Date	
Signature of parent/carer	
Date	
I have consulted the parents/carers of the student and relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan.	
Signature of Principal (or nominee)	
Date	

ATTACHMENT 4: LEGISLATION AND STANDARDS APPLICABLE TO THIS POLICY

National Law (section)	
Section 165	<p>Offence to inadequately supervise children</p> <p>(1) The approved provider of an education and care service must ensure that all children being educated and cared for by the service are adequately supervised at all times that the children are in the care of that service.</p> <p>(2) The nominated supervisor of an education and care service must ensure that all children being educated and cared for by the service are adequately supervised at all times that the children are in the care of that service.</p>
Section 167	<p>Offence relating to protection of children from harm and hazards</p> <p>(1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.</p> <p>(2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury</p>
Section 174	<p>Offence to fail to notify certain information to Regulatory Authority</p> <p>(1) An approved provider must notify the Regulatory Authority of the following information in relation to the approved provider or each approved education and care service operated by the approved provider—</p> <p>(a) any change relevant to whether the approved provider is a fit and proper person to be involved in the provision of an education and care service;</p> <p>(b) information in respect of any other prescribed matters.</p> <p>(2) An approved provider must notify the Regulatory Authority of the following information in relation to an approved education and care service operated by the approved provider—</p> <p>(a) any serious incident at the approved education and care service;</p> <p>(b) complaints alleging—</p> <p>(i) that the safety, health or wellbeing of a child or children was or is being compromised while that child or children is or are being educated and cared for by the approved education and care service; or</p> <p>(ii) that this Law has been contravened;</p> <p>(c) information in respect of any other prescribed matters.</p> <p>(3) A notice under Subsection (1) must be in writing and be provided within the relevant prescribed time to the Regulatory Authority that granted the provider approval.</p> <p>(4) A notice under Subsection (2) must be in writing and be provided within the relevant prescribed time to—</p> <p>(a) the Regulatory Authority that granted the service approval for the education and care service to which the notice relates; and</p> <p>(b) Refers to family day care service,</p> <p>(5) In this section—</p> <p>serious incident means an incident or class of incidents prescribed by the National Regulations as a serious incident.</p>

National Regulations (regulation)	
Regulation 90	<p>Medical conditions policy</p> <p>(1) The medical conditions policy of the education and care service must set out practices in relation to the following—</p> <p>(a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;</p> <p>(b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;</p> <p>(c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—</p> <p>(i) requiring a parent of the child to provide a Medical Management Plan for the child; and</p> <p>(ii) requiring the Medical Management Plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and</p> <p>(iii) requiring the development of a Risk-Minimisation Plan in consultation with the parents of a child—</p>

	<ul style="list-style-type: none"> (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and (E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and <p>(iv) requiring the development of a communications plan to ensure that—</p> <ul style="list-style-type: none"> (A) relevant staff members and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the child; and (B) a child's parent can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur. <p>(2) The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.</p> <p>(3) In Sub-regulation (2), the practices must include any practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.</p>
Regulation 91	<p>Medical conditions policy to be provided to parents</p> <p>The approved provider of an education and care service must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.</p> <p>Note</p> <p>A compliance direction may be issued for failure to comply with this Regulation.</p>
Regulation 92	<p>Medication record</p> <p>(1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in Sub-regulation (3) for each child to whom medication is or is to be administered by the service.</p> <p>(2) A family day care educator must keep a medication record that includes the details set out in Sub-regulation (3) for each child being educated and cared for by the educator as part of a family day care service to whom medication is or is to be administered.</p> <p>(3) The details to be recorded are—</p> <ul style="list-style-type: none"> (a) the name of the child; (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; (c) the name of the medication to be administered; (d) the time and date the medication was last administered; (e) the time and date, or the circumstances under which, the medication should be next administered; (f) the dosage of the medication to be administered; (g) the manner in which the medication is to be administered; (h) if the medication is administered to the child— <ul style="list-style-type: none"> (i) the dosage that was administered; and (ii) the manner in which the medication was administered; and (iii) the time and date the medication was administered; and (iv) the name and signature of the person who administered the medication; and (v) if another person is required under Regulation 95 to check the dosage and administration, the name and signature of that person.
Regulation 93	<p>Administration of medication</p> <p>(1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <ul style="list-style-type: none"> (a) that administration is authorised; and (b) the medication is administered in accordance with Regulation 95 or 96.

	<p>(2) The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in Sub-regulation (5)(b).</p> <p>(3) The nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <p>(a) that administration is authorised; and</p> <p>(b) the medication is administered in accordance with Regulation 95 or 96.</p> <p>(4) A family day care educator must ensure that medication is not administered to a child being educated and cared for by the educator as part of a family day care service unless—</p> <p>(a) that administration is authorised; and</p> <p>(b) the medication is administered in accordance with Regulation 95 or 96.</p> <p>(5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—</p> <p>(a) is recorded in the medication record for that child under Regulation 92; or</p> <p>(b) in the case of an emergency, is given verbally by—</p> <p>(i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or</p> <p>(ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.</p>
Regulation 94	<p>Exception to authorisation requirement—anaphylaxis or asthma emergency</p> <p>(1) Despite Regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.</p> <p>(2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—</p> <p>(a) a parent of the child;</p> <p>(b) emergency services.</p>
Regulation 95	<p>Procedure for administration of medication</p> <p>Subject to Regulation 96, if medication is administered to a child being educated and cared for by an education and care service—</p> <p>(a) the medication must be administered—</p> <p>(i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or</p> <p>(ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and</p> <p>(b) the medication must be administered in accordance with any instructions—</p> <p>(i) attached to the medication; or</p> <p>(ii) any written or verbal instructions provided by a registered medical practitioner; and</p> <p>(c) except in the case of a family day care service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—</p> <p>(i) the dosage of the medication to be administered;</p> <p>(ii) the identity of the child to whom the medication is to be administered.</p>
Regulation 96	<p>Self-administration of medication</p> <p>The approved provider of an education and care service may permit a child over preschool age to self-administer medication if—</p> <p>(a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92; and</p> <p>(b) the medical conditions policy of the service includes practices for self-administration of medication.</p>
Regulation 136	<p>First aid qualifications</p> <p>(1) The approved provider of a centre-based service must ensure that the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—</p> <p>(a) at least one educator who holds a current approved first aid qualification;</p> <p>(b) at least one educator who has undertaken current approved anaphylaxis management training;</p> <p>(c) at least one educator who has undertaken current approved emergency asthma management training.</p> <p>(2) If children are being educated and cared for at service premises on the site of a school, it is sufficient for the purposes of Sub-regulation (1) if the educators referred to in that Sub-regulation are in attendance at the school site and immediately available in an emergency.</p> <p>(3) The approved provider of a family day care service must ensure that each family day care educator and family day care educator assistant engaged by or registered with the service—</p> <p>(a) holds a current approved first aid qualification; and</p>

	<p>(b) has undertaken current approved anaphylaxis management training; and</p> <p>(c) has undertaken current approved emergency asthma management training.</p> <p>(4) The same person may hold one or more of the qualifications set out in Sub-regulation (1).</p> <p>(5) In this Regulation—</p> <p>approved anaphylaxis management training means Anaphylaxis Management Training approved by the National Authority in accordance with Division 7;</p> <p>approved emergency asthma management training means emergency asthma management training approved by the National Authority in accordance with Division 7;</p> <p>approved first aid qualification means a qualification that—</p> <p>(a) includes training in the following that relates to and is appropriate to children—</p> <ul style="list-style-type: none"> (i) emergency life support and cardio-pulmonary resuscitation; (ii) convulsions; (iii) poisoning; (iv) respiratory difficulties; (v) management of severe bleeding; (vi) injury and basic wound care; (vii) administration of an auto-immune adrenalin device; and <p>(b) has been approved by the National Authority in accordance with Division 7.</p> <p>Note (a) A compliance direction may be issued for failure to comply with subregulation (1).</p>
Regulation 137	<p>Approval of qualifications</p> <p>(1) The National Authority must publish on its website lists of qualifications it has approved for the purposes of the Law including—</p> <ul style="list-style-type: none"> (a) a list of approved early childhood teaching qualifications; and (b) a list of approved diploma level education and care qualifications; and (c) a list of approved certificate III level education and care qualifications; and (d) a list of approved qualifications for suitably qualified persons; and (e) a list of approved first aid qualifications and anaphylaxis management and emergency asthma management training. <p>(2) The National Authority must also publish on its website lists of qualifications it has approved for the purposes of Chapter 7 including—</p> <ul style="list-style-type: none"> (a) a list of former qualifications approved as any of the following— <ul style="list-style-type: none"> (i) early childhood teaching qualifications; (ii) diploma level education and care qualifications; (iii) certificate III level education and care qualifications; and (b) for Queensland, a list of former qualifications approved as either of the following— <ul style="list-style-type: none"> (i) diploma level education and care qualifications; (ii) certificate III level education and care qualifications; and (c) a list of qualifications for working with children over preschool age for each participating jurisdiction; and (d) a list of qualifications and former qualifications for family day care co-ordinators in Queensland. <p>(3) The National Authority may publish on its website qualifications and training that it has approved as equivalent to an approved qualification or training for the purposes of the Law.</p> <p>(4) The National Authority may publish on its website units of approved certificate III level education and care qualifications for the purposes of the definition of actively working towards a qualification.</p>

Standard 2.1	Each child's health is promoted.	
	Element 2.1.1	Each child's health needs are supported.
Standard 2.3	Each child is protected.	
	Element 2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.