

# HS6 – ASTHMA AND ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURE

## Asthma and Anaphylaxis Management Policy [HS6]

### Policy Statement

Little.ly Early Learning Centre understands that Asthma and Anaphylaxis are both severe and life-threatening health concerns

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to the hospital. Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life-threatening. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Fast and effective management is vital for health and safety.

### Purpose

We aim to minimise the risk of an asthma attack or an anaphylactic reaction occurring in the service. All Educators and staff are adequately trained to recognise and respond appropriately to asthma or anaphylactic emergency.

### Scope

This policy applies to children, families, staff, management and visitors of the Service.

### Procedure

The service will ensure the environment is safe for children, staff and visitors with either medical conditions. This will be done through risk assessments and reviews  
Management and Educators will work in partnership with families to develop knowledge and understanding of the child's medical condition. Signed action plans will be required in all relevant rooms and staff will be trained to prevent and respond per action plans. It is

important medical plans are followed specifically

## Management will:

- Make sure all staff members have completed first aid, asthma and anaphylaxis management training at least every 3 years and is recorded,
- That all staff members are aware of symptoms of an anaphylactic reaction and asthma
- That a copy of this policy is provided and reviewed during each new staff member's induction process.

## In the service when a child or staff member commences or has been diagnosed with either Asthma / Anaphylaxis

- Discuss with families and relevant staff the medical conditions, signs, symptoms and treatments. Provide family or staff with Asthma and Anaphylaxis policy.
- Collect and review the medical action plan
- Conduct a risk assessment for potential exposure to allergens or triggers and develop a risk minimisation plan
- Ensure that no child who has been prescribed an adrenaline auto-injection device or Asthma medication is permitted to attend the Service without the device.
- Ensure that all staff responsible for the preparation of food are trained in preventing cross contamination including during storage, handling, preparation and serving of food.
- Ensure that a notice is displayed prominently in the main entrance of the children's Service
- Stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service.
- Display an emergency contact card beside each telephone.

## Educators will:

- Engage with families regarding information of medical conditions
- Ensure a copy of the child's anaphylaxis or asthma medical management action plan is visible and known to staff in the Service.
- Ensure that an anaphylaxis medical management action plan is signed by the child's registered medical Practitioner
- Ensure that the auto-injection device kit and asthma medication is stored in a location that it is designated to and is not expired

- Follow the child's anaphylaxis medical management action plan in order to prevent and in the event of an emergency
- Supervise child or staff member for triggers. Increase supervision in times of need depending on triggers
- Complete adequate training in asthma and anaphylaxis as required by law
- Encourage and educate children to use asthma medication independently where appropriate

### **In the event that a child suffers from an anaphylactic reaction, the Service and staff will:**

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents or guardian can't be contacted
- Notify the regulatory authority within 24 hours.

### **In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:**

- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents or guardian can't be contacted
- Notify the regulatory authority within 24 hours

### **In the event that a child suffers from an asthma emergency, the Service and staff will:**

- Follow the child's Asthma Action Plan. In most cases this will include:
  - 4 x 4 x 4 [4 puffs, 4 breaths, 4 min]
- 1. Sit the person upright
  - a) Be calm and reassuring
  - b) Do not leave them alone
- 2. Give 4 separate puffs of blue/grey reliever puffer
  - a) Shake puffer
  - b) Put 1 puff into the spacer

- c) Take 4 breaths from the spacer
- d) Repeat until 4 puffs have been taken
- e) Remember: Shake, 1 puff, 4 breaths

3. Wait 4 minutes

a) If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

- If the child does not respond to steps within the Asthma Action Plan call an ambulance
- Immediately by dialling 000.
- Continue first aid measures.
- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents or guardian can't be contacted
- Notify the regulatory authority within 24 hours.

## National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child
2.2	Safety	
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

## Education and Care Services National Regulations

90	Medical conditions
91	Medical conditions policy to be provided to parents
92	Medical record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

## Related Documents and Links

- Australian Children’s Education & Care Quality Authority [2014].
- Guide to the Education and Care Services National Law and the Education and Care Services
- National Regulations.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition.
- Revised National Quality Standard
- Asthma Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

## Policy Review

Policy Reviewed	Modifications	Next Review Date
Implemented February 2019		February 2020
February 2020	Minor changes to reflect the new NQS	February 2021