

Asthma management

Regulatory guidance note

This regulatory guidance note explores how to keep children who experience asthma safe at your service.

What is asthma?

Asthma is a medical condition that can be life threatening. It involves abnormal swelling of the airway and restricts a person's ability to breathe. Symptoms can include:

- tightness of the chest
- coughing or wheezing
- difficulty breathing.

Managing asthma at your service

Asthma can lead to serious health complications, however, it can be managed effectively with appropriate training, monitoring and medication. Managing asthma at your service involves having:

- staff available who are appropriately trained
- access to Salbutamol and a spacer (at all times)
- required documentation in place and up to date
- staff who understand and can implement a child's asthma action plan.

What are my obligations as an approved provider?

Staffing requirements that support asthma management

Staff at your service must be able to recognise and respond to an asthma emergency, including involving a child without a known asthma diagnosis. This means having staff with appropriate qualifications available at all times children are being educated and cared for.

Approved providers must ensure that at least one staff member with approved emergency asthma management training and a current approved first aid qualification is onsite and available immediately to respond in an emergency ([regulation 136](#) of the Education and Care Services National Regulations (National Regulations)).

It is best practice that all staff are trained in first aid and know what to do in an asthma emergency.

Access to Salbutamol (Ventolin)

Salbutamol is essential asthma first aid in an emergency. Salbutamol, also known as Ventolin, comes in a blue/grey puffer and is to be used with a spacer. It is best practice for services to always have Salbutamol (Ventolin) onsite and accessible for an emergency, regardless of whether or not they have an enrolled child with diagnosed asthma.

Documentation required to support asthma management

Approved providers must establish policies and procedures to manage children's medical conditions and ensure service staff understand and can implement them (regulations [168\(2\)\(d\)](#) and [170](#)).

Staff at your service must be able to recognise, respond to and manage the symptoms of any child with an asthma diagnosis to care for the child effectively, and respond to a child with asthma symptoms even if they have not been diagnosed.

For every child enrolled at a service with a known asthma condition, the service must have a:

- medical management plan (also known as an asthma action plan)
- risk minimisation plan
- communication plan ([regulation 90](#)).

Medical management plan (asthma action plan)

An asthma action plan outlines what to do in case of asthma symptoms or an asthma flare-up.

Asthma action plans should be regularly reviewed to ensure they are up to date. Set a review date for each child's action plan. While there is no set time frame for how frequently plans should be reviewed, every 12 months is ideal or where there is a change to a child's circumstance.

A review of the child's action plan should include a conversation with the child's family, confirming no changes are needed, and may also include the family seeking a formal review by the child's doctor, where required.

Staff at your service should understand and be able to follow the instructions on a child's asthma action plan.

If medication is listed on a child's asthma action plan, it is important that staff at your service know when that medication is given and whether it is given at home or at the service. This information should be included in your communication plan.

Risk minimisation plan

A risk minimisation plan outlines how you will manage the risks related to the child's asthma diagnosis. These might include:

- exposure to possible triggers are assessed and minimised
- ensuring staff at your service can identify the child and access their asthma action plan and any relevant medication.

Communication plan

A communication plan sets out how staff are informed about the child's asthma plan, risk minimisation plan and how families communicate changes to these plans. All communication about the child, their asthma management and any medication should be documented on the plan. It is recommended to include the following in a communication plan:

- who is to administer medication and when
- when communication took place and who was involved in the discussion
- what was discussed
- how the information was communicated and how changes to the plan will be communicated
- emergency contact numbers.

Asthma medication

It is important that staff can respond effectively in an emergency asthma situation. To do this, staff need to have access to reliever medication (Salbutamol, often known as Ventolin but can have other names, which is always a blue/grey inhaler, and spacer).

Sometimes, children with asthma will take preventer medication (inhaler in autumn colours, for example, orange). This is usually given by parents or carers once or twice daily in the home setting. Preventer medication is not used in asthma emergencies.

In rare instances, a child may require rescue therapies (oral steroids, for example, Prednisone). These medications have a role in decreasing the severity of an asthma exacerbation and need to be used under medical direction. Rescue therapies are usually given by parents or carers over a few days and are not used during asthma emergencies.

Where medication is prescribed to a child and recorded on the asthma action plan, staff in the service need to know when and how the medication is to be given. They need to know if the medication is a reliever, preventer or rescue medication, and whether it is to be administered in the home or service setting. These details should be included in a child's communication plan.

Preventer and rescue therapy medication only needs to be at the service on occasions where the parent or carer provides specific written communication by a medical officer that it needs to be administered during the period the child is in attendance at the service. The written communication needs to include when and how the medication is to be administered.

What if my service's medical condition obligations are not met?

Approved providers must meet their obligations relating to asthma management as outlined in the Children (Education and Care Services) National Law (NSW) (National Law) and National Regulations. Not meeting your obligations can increase health and safety risks for children at your service.

The NSW Department of Education, as the regulatory authority for early childhood education and care services (NSW Regulatory Authority), requires approved providers to meet all their legal obligations. Where these obligations are not met, the NSW Regulatory Authority can take a range of actions against a service, approved provider, nominated supervisor or educator in line with our [Approach to compliance policy \(PDF 380 KB\)](#) and the [National Law](#) and [Regulations](#).

Key resources

- [Asthma Australia Asthma Action Plan template](#)
- [ASCIA About asthma and allergy page and information sheet](#)
- [Asthma–Aiming for Asthma Improvement in Children program](#)
- Lung Health for Kids – [Google app](#) or [Apple](#)

Reflective questions

- How does your service communicate with families about a child's health needs? Are these conversations recorded in the child's communication plan?
- How does your service respond to health-related emergencies involving a child's medical condition?
- How does your service roster staff to ensure someone with appropriate first aid asthma qualification and training is always accessible?
- How do you ensure educators' understanding of emergency medical management?
- How do you support educators' confidence in managing children's medical conditions such as asthma?
- How does your service communicate information about a child's individual health requirements to ensure all staff are aware of the medical condition and management plan?

How to contact us

To contact the NSW Regulatory Authority, please email the Early Childhood Education and Care Information and Enquiries Team at ececd@det.nsw.edu.au or phone 1800 619 113 (toll free).

Asthma management and the National Quality Framework – key legislative requirements

Children (Education and Care Services) Law (NSW)

Section 167 Every reasonable precaution must be taken to protect children from harm and hazards.

Education and Care Services National Regulations

Regulation 90 details the requirements for the medical conditions policy.

Regulation 91 states that a service's medical conditions policy must be provided to parents upon enrolment.

Regulation 92 sets out the requirements to be recorded on the medication record.

Regulation 93 explains the administration of medication must be authorised and administered appropriately.

Regulation 94 states the exception to authorisation requirement where there is an anaphylaxis or asthma emergency.

Regulation 95 set out the procedure for correct administration of medication.

Regulation 96 outlines how a child over preschool age may be permitted to self-administer medication.

Regulation 136 outlines persons required to have a current first aid qualification and anaphylaxis and emergency asthma management training.

Regulation 168(2)(d) requires education and care services to have policies and procedures in relation to medical management.

Regulation 170 explains requirements to ensure service policies and procedures are followed.

National Quality Standard

Quality area 2 – Standard 2.1 – Element 2.1.2

Effective illness and injury management and hygiene practices are promoted and implemented.

Quality area 7 – Standard 7.1 – Element 7.1.2

Systems are in place to manage risk and enable the effective management and operation of a quality service.