

ASTHMA POLICY

Mandatory – Quality Area 2



DOCUMENTATION CONTROL RECORD

Document Title	SPK Asthma Policy, June 2019, Endorsed v4.docx
NQF Requirement	Mandatory – Quality Area 2
Document Owner	Vice President
Approved by Committee of Management	17 June 2019
Scheduled for Review	2020 (annual)

This policy was written in consultation with The Asthma Foundation of Victoria. The Foundation's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit The Asthma Foundation of Victoria's website: www.asthma.org.au

PURPOSE

This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Summerhill Park Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Summerhill Park Kindergarten is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.

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

POLICY STATEMENT

1. VALUES

Summerhill Park Kindergarten 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.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Summerhill Park Kindergarten.

Asthma management should be viewed as a shared responsibility. While Summerhill Park Kindergarten 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.

3. BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in 10 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*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *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: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

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 Friendly Children's Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with

asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and fulfil five essential criteria, which will be assessed by The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

Asthma Care 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 Care Plan template specifically for use in children's services can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

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 Foundation of Victoria 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.

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.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

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, a chemical 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, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

Spacer device: 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.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

5. SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria: www.asthma.org.au or phone (03) 9326 7088 or 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.

Service policies

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

PROCEDURES

The Approved Provider is responsible for:

- providing the Nominated Supervisor and all staff with a copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- providing parents/guardians with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan (refer to *Definitions* and Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
- ensuring the development of a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have a current Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring the implementation of a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's condition, this policy and its implementation
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians 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
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations

- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible (See attachment 4)
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- updating the relief/staff handbook and volunteer/student handbook to ensure anaphylaxis management information and information regarding each child diagnosed as at risk of anaphylaxis enrolled at the service is always current
- ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

Summerhill Park Kindergarten will maintain its own Asthma Kit, including reliever medication. The Approved Provider is also responsible for ensuring that:

- adequate stock of the reliever medication is on hand and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the reliever medication supplied by the service will be used
- the reliever medication is administered in accordance with the written instructions provided on it and with the child's Asthma care plan
- the service follows the procedures outlined in the Administration of Medication Policy, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians of children with asthma are informed that the service maintains a supply of reliever medication, of the brand that the service carries and of the procedures for the use of these medications in an emergency.

The Nominated Supervisor is responsible for:

- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's condition, this policy and its implementation
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*

- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- 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 Care Plan for each child
- ensuring that induction procedures for casual, relief staff and volunteers includes information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- providing asthma management information (eg. Online, newsletters, sessions) for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.
- ensuring that all students on placement, volunteers (including parents on duty) or other adults present and assisting with the kindergarten program are aware of their role and procedures to be followed in the event of an asthma-related emergency
- ensuring that records (or a copy) of medication, management and monitoring are kept at the service (for filing at the appropriate time)

Certified Supervisor/s and other educators are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma in consultation with parents/guardians
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma

- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually
- ensuring all details on their child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is within date and appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Care Plan – download from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au:
- Attachment 3: Asthma First Aid poster – download from the Asthma Australia website: <http://asthmaaustralia.org.au/First-aid.aspx>
- Attachment 4: Asthma Risk Minimisation Plan – download from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au
- Attachment 5: Sample Medical Communications Plan
- Attachment 6: Procedure for checking Summerhill Park Kindergarten-supplied medications (such as anaphylaxis and asthma medications)

AUTHORISATION

This policy was adopted by the Approved Provider of Summerhill Park Kindergarten on 17th June 2019.

REVIEW DATE: APRIL 2020

DOCUMENT HISTORY

Version	Date	By	Reason for change
0.1	2014	ELAA	Initial Draft – ELAA template 2014
1.0	12/11/2014	2014 Vice President (C Boundy)	Policy reviewed, introduced and endorsed by COM
2.0 draft	Sep 2014	2015 Vice President (H Whittle)	Re-review of policy against current policy and new 2015 ELAA revisions. Based on ELAA 2015 release. Anaphylaxis, Asthma & Diabetes policies extensively cross-referenced. Endorsed by 2015 COM.
2.0	October 2015	2015 Vice President (H Whittle)	-Review and addition of documentation control and history tables - Final Version v2
3.0	May 2016	2016 Vice President	2016 Annual Review
3.1	April 2019	Mira Haldun (consultant)	- Removed Standards 2.1 and 2.3 and associated elements in line with updated NQS
4	17/06/19	2019 President (I. Griffith)	Review and endorsement by CoM

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of The Asthma Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy please contact The Asthma Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 2, March 2014.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Care Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a blue reliever puffer is not available
- If you are not sure it is asthma.

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone.

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe).

Step 2. Give 4 separate puffs of blue reliever puffer medication

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken.

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving).

Step 3. Wait 4 minutes

If there is no improvement, give 4 more separate puffs as above.

Step 4. If there is still no improvement call emergency assistance (000)

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

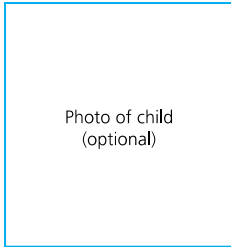
ATTACHMENT 2: SAMPLE ASTHMA CARE PLAN

As at April 2016. For the most recent copy, please download from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au:

Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.



Date of approval: July 2014
Approved by: CEO Asthma Australia
Date of review: July 2016
AA Care Plan for Ed-Care-Serv 0714
July 16, 2014 9:14 PM

PLEASE PRINT CLEARLY

Child's name _____ Date of birth _____

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this child usually tell an adult if s/he is having trouble breathing? **Yes** **No**
- Does this child need help to take asthma medication? **Yes** **No**
- Does this child use a mask with a spacer? **Yes** **No**
- *Does this child need a blue reliever puffer medication before exercise? **Yes** **No**

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor _____
Address _____
Phone _____
Signature _____ Date _____

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____
Name _____

Emergency contact information

Contact name _____
Phone _____
Mobile _____
Email _____



asthmaaustralia.org.au | 1800 ASTHMA (1800 278 462) |

ATTACHMENT 3: ASTHMA FIRST AID POSTER

As at April 2016. For most up to date version, please download from the Asthma Australia website:

<http://asthmaaustralia.org.au/First-aid.aspx>

<http://www.asthma.org.au/Resources/SchoolsandChildrensServices.aspx>

ATTACHMENT 4: ASTHMA RISK MINIMISATION PLAN –

Please download from the *Resources* section of The Asthma Foundation of Victoria website:

www.asthma.org.au



SPK Asthma Policy, Aug
2015, Attachment

ATTACHMENT 5: SAMPLE MEDICAL COMMUNICATIONS PLAN

This plan aims to help the SPK community understand and meet the needs of the SPK Asthma Policy, ensuring the health and safety of both children and adults attending the kindergarten is improved and maintained.

Objectives

1. Ensure all staff and volunteers at the kinder are aware of and understand their role as part of the relevant policy
2. Help parents and parents/guardians clearly communicate regarding a child diagnosed with medical condition
3. Raise awareness and understanding of the medical condition within the kindergarten community

Actions

1. Awareness and understanding of policy and roles for staff and volunteers
 - a. Ensure policy is made available to all parents and staff:
 - i. Online placement
 - ii. Included as part of parent handbook materials (full policy provided to relevant parents)
 - iii. Available in kinder foyer
 - iv. Included as part of discussion/orientation for parents
 - v. Volunteers and casual staff (eg kinder duty) to be made aware of the relevant medical condition within the kindergarten (refer to management plans)
 - vi. Included on OHS risk management checklist
 - b. Staff training, policy review and management schedules are maintained by staff and committee of management

2. Help parents and parents/guardians clearly communicate regarding a child diagnosed with the medical condition
 - i. Create a template to record significant discussions/information updates with parents
 - ii. Provide access to this template every session that a child diagnosed with the medical condition attends, and as requested by parents/guardians

3. Raise awareness and understanding of the medical condition within kindergarten community
 - a. Create, provide and display materials to support awareness
 - b. Include information about diabetes within SPK newsletter, parent handbook, parent orientation, handouts and online

Communications template (example)

Child's name:

Condition:

Action plan provided (date/signed)

Management plan provided (date/signed)

How frequently does the action plan require updating?

How frequently does the management plan require updating?

DATE	INFORMATION	ACTION			SIGNED
		REQUIRED	Y	N	PARENT
		COMPLETED	Y	N	TEACHER
		REQUIRED	Y	N	PARENT
		COMPLETED	Y	N	TEACHER

Attachment 6:

PROCEDURE FOR CHECKING SUMMERHILL PARK KINDERGARTEN-SUPPLIED MEDICATIONS (SUCH AS ANAPHYLAXIS AND ASTHMA MEDICATIONS)

The Approved Provider of Summerhill Park Kindergarten has decided that the service should hold and maintain its own supply of Asthma reliever medication (eg. Ventolin inhaler/spacer) and an Anaphylaxis adrenaline auto-injector device (eg. EpiPen) as a back up measure. It is the responsibility of the Approved Provider to ensure that:

- adequate stock of the medications are held by the service and are checked regularly that they are unused and in date
- the integrity of the packaging of the Summerhill Park Kindergarten medications are checked for any damage/tampering
- if the medication has been used, it is the responsibility of the staff on duty to inform the Approved Provider to replace ASAP
- the medications are kept in a secure yet accessible location
- the location of the SPK adrenaline auto-injector and reliever medication is known to all staff, volunteers and parents on duty
- The service follows the Anaphylaxis/Asthma/Administration of First Aid/Administration of Medication/Dealing with Medical Conditions policies.