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| --- |
| Child’s name: |
| Date of birth: | Year level: 3yo 4yo |
| Asthma Action Plan provided by parent/guardian (please circle): YES / NO |
| Other health conditions:  |
| Medication at school: |
| Emergency care to be provided at kindergarten: |
| Medication Storage: |
| The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date): ........................................................... (insert date of proposed review). |
| Signature of Parent/Guardian: | Date: |
| Signature of Educator: | Date: |
| Signature of Nominated Supervisor: | Date: |



**Asthma**

**Risk Minimisation and Communication Plan**

**Strategies to Avoid Exposure to Asthma Triggers**

**Educators to:**

1. Complete **Risk Minimisation Plan**
2. Complete **Communication Plan**
3. Ensure Parents/Guardian and the Nominated supervisor have **signed** the Risk Minimisation and Communication Plan
4. Ensure Parents/Gaurdians have read and been given a copy of the **Asthma Policy and Medical Conditions Policy**
5. Ensure a completed **Asthma Action Plan** has been returned by the parent/guardian and displayed in an appropriate area.

**Risk Risk Minimisation Plan**

This Plan is to be completed by the Nominee on the basis of information from the student’s medical practitioner provided by the parent /guardian**.**

**Strategies to Avoid Exposure to Asthma Triggers Child’s Name: ……………………………………………………………………**

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| --- |
| **Predominant Asthma Triggers:** |
| **Risk (suggested risks listed in Appendix)** | **Strategy** | **Who is Responsible?** |
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| **Other Asthma Triggers:** |
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Communication Plan Child’s Name: ………………………. D.O.B: …………….

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| **Confirmation that parents have been given access to the relevant service policies in relation to the child’s medical condition.** **Date Policy Information given: ……./……./20…….** |

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| **Procedure for communicating *Medical Management Plans* and *Risk Minimisation Plans* to all staff working at the service**: *(Where is information kept? How do we ensure all educators working in the centre are aware of the child’s medical plans and needs?)* |
| **Procedure for parents to provide current information and status of the child’s specific health care need.***(What is the procedure for parents to keep us informed of the most current status of the child’s health care needs and how often do we want parents to provide updates?)* |
| **Procedure for staff to provide information and status of the child’s specific health care need to parents***(What is the procedure for staff to keep parents informed of any issue or incident at kinder relating to the child’s health care needs – what, how and when will such information be communicated?)* |

Educator responsible for the implementation of the communication plan:

Name: ……………………………………………………… Signature: ……………………………………….. Date: ……../………./20………

Parent/Guardian:

Name: …………………………………………………….. Signature: ……………………………………….. Date: ……../ ……../20……….

**Asthma Appendix**

**Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan**

* Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
* What are the potential sources of exposure to their asthma triggers?
* Where will the potential source of exposure to their asthma triggers occur?
* Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
* Does the bullying policy include health related bullying?
* Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
* Do you have asthma information available at the service for parents/carers?
* What are the lines of communication in the children's service?
* What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
* Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
* Does the child have an Asthma Action Plan and where is it kept?
* Do all service staff know how to Interpret and implement Asthma Action Plans in an emergency?
* Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
* Where are the Asthma Emergency Kits kept?
* Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
* Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
* Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
* Who else needs training in the use of asthma emergency equipment?
* Do you have a second Asthma Emergency Kit for excursions?
* What happens if a child's reliever medication and spacer are not brought to the service?
* Does the child have any other health conditions, such as allergies or anaphylaxis?
* Do they have an Action Plan and Risk Minimisation plan for each health condition?
* Do plants around the service attract bees, wasps or ants?
* Have you considered planting a low-allergen garden?
* Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
* Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
* Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
* Do your staff use heavy perfumes or spray aerosol deodorants while at work?
* Are you in a bushfire-prone area where controlled burning may occur?
* What special activities do you have planned that may introduce children to asthma triggers?