

Robert Cochrane Kindergarten Inc.



ASTHMA POLICY

Mandatory – Quality Area 2

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 ECTs/educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Robert Cochrane Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Robert Cochrane 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
- ensure ECTs/educators, staff and parents/guardians follow the advice from Emergency Management Victoria associated with thunderstorm asthma events.

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

POLICY STATEMENT

1. VALUES

Robert Cochrane 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, 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 Robert Cochrane Kindergarten, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While Robert Cochrane 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. RESPONSIBILITIES

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	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Providing all staff with access to the service's <i>Asthma Policy</i> , and ensuring that they are aware of asthma management strategies (<i>refer to Procedures</i>) upon employment at the service	R	√			
Providing parents/guardians with access of the service's <i>Asthma Policy</i> and <i>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 on duty at all times	R	√			
Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the <i>National Law (Section 169(4))</i> and <i>National Regulations (Regulation 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>) are included on the staff record (<i>refer to Definitions</i>)	R	√			
Organising asthma management information sessions for parents/guardians 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 parents/guardians	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	√			
Providing parents/guardians with an Asthma Care Plan (<i>refer to Definitions and Attachment 2</i>) to be completed in consultation with, and signed by, a medical practitioner	R	√			
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					
Developing a Risk Minimisation Plan (<i>refer to Definitions and Attachment 4</i>) for every child with asthma, in consultation with parents/guardians	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 that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record	R	√		√	
Notifying staff, in writing, of any changes to the information on the Asthma Care 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 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	R	√		√	
Communicating any concerns to parents/guardians 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 Care Plan for each child	√	√	√		
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	R	√	√		
Ensuring that medication is administered in accordance with the child's Asthma Care 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 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	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 parents/guardians regarding the service's <i>Asthma 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 Care 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 parents/guardians 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 child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		√
Ensuring an asthma first aid 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	√		

4. PROCEDURES

Asthma Australia's Asthma First Aid 2022: http://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_MASTER.pdf

5. 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

6. 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 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 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.

7. 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
- notify 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 Care Plan – download from the Asthma Australia website:
<https://asthma.org.au/treatment-diagnosis/asthma-action-plan/>
- Attachment 2: Asthma First Aid poster – download from the Asthma Australia website:
http://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_MASTER.pdf
- 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>

AUTHORISATION

This policy was adopted by the Approved Provider of Robert Cochrane Kindergarten in March 2023.

Review date: March 2024

ASTHMA ACTION PLAN

Take me when you visit your doctor



photo (optional)

Patient name:

Plan date: Review date:

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:



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

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

IF BREATHING DOES NOT RETURN TO NORMAL

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

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

IF BREATHING DOES NOT RETURN TO NORMAL

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

ASTHMA FIRST AID

Dual Purpose Reliever

DuoResp Spiromax 200/6 or Symbicort Turbuhaler 200/6



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 1 INHALATION OF DUORESP OR SYMBICORT

- Load the device
 - Spiromax: Open and click
 - Turbuhaler: Open and twist around and back
- Breathe in strongly and deeply

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 1 more inhalation of DuoResp or Symbicort

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Give 1 more inhalation of DuoResp or Symbicort every 4 minutes until emergency assistance arrives
 - up to a maximum of 4 more inhalations

ASTHMA FIRST AID

Dual Purpose Reliever Symbicort Rapihaler 100/3



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 2 PUFFS OF SYMBICORT

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 2 puffs have been taken

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 2 more puffs of **Symbicort** through a spacer

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Give 2 more puffs of **Symbicort** through a spacer every 4 minutes until emergency assistance arrives
 - up to a maximum of 8 more puffs

ASTHMA FIRST AID

Fostair 100/6

When prescribed as reliever and preventer



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 1 PUFF OF FOSTAIR

- Shake puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer

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 **1 more puff** of **Fostair** through a spacer

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say '**ambulance**' and that someone is having an asthma attack
- Give **1 more puff** of **Fostair** through a spacer **every 4 minutes** until emergency assistance arrives

– up to a maximum of 4 more puffs

Asthma Risk Minimisation Plan

INSERT CHILD
PHOTO

(PLEASE ALSO COMPLETE AN ASTHMA CARE PLAN – EDUCATION & CARE SERVICES)

This Plan is to be completed by the Parent, Nominated Supervisor or nominee on the basis of information from the child's medical practitioner.

Child's First Name:		Child's Last Name:		
Date of birth: / / (DD/MM/YYYY)				
Children's Service Name:				
Service's Phone Number:				
Asthma Action Plan provided by parent (please circle): YES / NO (All children with Asthma need an Asthma Care Plan)				
Asthma Triggers:				
Other health conditions:				
Medication at service:				
Parent contacts:	Parent information (1)		Parent information (2)	
	First Name:		First Name:	
	Last Name:		Last Name:	
	Relationship:		Relationship:	
	Home phone:		Home phone:	
	Work phone:		Work phone:	
	Mobile:		Mobile:	
Address:		Address:		
Other emergency contacts (if parent not available):				
Medical practitioner contact: Doctors Name: _____ Phone: _____ Address: _____				
Emergency care to be provided at service:				
Medication Storage:				
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date): ____/____/_____(DD/MM/YYYY)				
Signed: _____		Date: _____		
Parent/Guardian				
_____ Name of Parent/Guardian				
		<u>Office use only:</u> Nominated Supervisor Signature: _____ Date: _____		

RISK MININISATION PLAN - Strategies to Avoid Asthma Triggers (Prepared by Parents and Service)

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with parents, educators and volunteers.
- The child's and service medication is stored in the prescribed location for the room and service.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in child file.
- The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places to alert all staff, volunteers and students.

Child Name:	Date of Birth: / /
Specific health care needs or diagnosed medical condition:	
Predominant Trigger/s (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc). PLEASE LIST TRIGGERS THAT RELATED TO CHILD:	
Other Triggers:	

What educators, staff and volunteers will do to minimise effect of triggers:

(For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it's not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Child will not feed pets; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking; The child will only eat food prepared and bought to the service by the parents; The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food; Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks, etc). **PLEASE NOTE THE RELEVANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW.**

Risks	Strategy	Who is Responsible?

Other comments:

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?