



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

Asthma Risk Minimisation & Communication Plan | The Discovery House | Updated July 2022

RISK MINIMISATION PLAN

Strategies to Avoid Anaphylaxis 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 NS 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 in the child's StoryPark Manage profile.
- 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: Asthma | |
| Predominant Trigger/s <i>(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).</i> | |
| Other Triggers: | |
| Initial Signs: <i>What are the first symptoms to appear that could mean a reaction is commencing?</i> | |
| Initial Action: <i>What are the initial steps of first aid to be taken? (i.e. contact parents/emergency contacts, administer medication as per Asthma Care Plan etc)</i> | |

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

| Risks | Strategy | Who is Responsible? |
|---|--|-------------------------|
| To reduce the occurrence of asthma associated with dust, animals, or mould. | <ul style="list-style-type: none"> 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 not feed pets | The Service |
| To reduce the occurrence of asthma associated with weather changes. | <ul style="list-style-type: none"> Child will be supervised to prevent movements from hot or warm environments to cold environments Child must bring weather appropriate clothing each day (especially prepared for cold weather outside play) | The Service and Parents |
| To reduce the occurrence of asthma associated with food exposure. | <ul style="list-style-type: none"> 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). | The Service and Parents |
| <i>(Parent to add additional risks and strategy if required)</i> | <ul style="list-style-type: none"> | |

Parent Acknowledgement

Name of Parent/Guardian: _____ Signed: _____ Date: _____

Centre Acknowledgement - Office Use Only:

Room Leader: _____ Sign: _____ Date: _____

Director/Nominated Supervisor: _____ Sign: _____ Date: _____

AUTHORISATION TO ADMINISTER MEDICATION

This form is for the purpose of authorising and recording the usage of medication at our service.

TO BE COMPLETED BY PARENT

| | | |
|---|--|-------|
| Child's Full Name: | | Date: |
| Medication Name: | | |
| Name of Medical Practitioner Issued by: | | |
| Dosage Required: (as on label) | | |
| Method of Administration: | | |
| Circumstances under which medication should be next administered: | | |
| Time/s to be Administered: | | |
| Expiry Date of Medication: | | |

- ✓ I hereby agree that the above information is correct and authorise centre staff to administer the medication as detailed above.
- ✓ I acknowledge that it is my responsibility to inform the staff **IN WRITING** should any of the above details change.
- ✓ The medication must be in its original packaging, have a medication label (prescription or pharmacy completed by a registered medical practitioner), clearly labelled with child name, dosage and other medication information.
- ✓ Staff will only administer recommended dosages per the medication label.
- ✓ Ill and sick children are required to be cared for at home.
- ✓ **Staff cannot be held responsible for any reaction caused by the administration of this medication.**

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Director/Nominated Supervisor: _____ Sign: _____ Date: _____

MEDICAL COMMUNICATION PLAN

(Prepared by Parents and Service)

Child Name:

Date of Birth: / /

Specific health care needs or diagnosed medical condition: Asthma

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);
- may enquire about the child's health to check if there have been any changes in their condition or treatment; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction;
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards; and
- update a child's enrolment and medical information as soon as possible after parents update the information.

Parents

Parents will:

- advise the Nominated Supervisor and educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant);
- provide an updated medical management plan annually, whenever it is updated or prior to expiry;
- provide details annually in enrolment documentation of any medical condition;
- advise educators in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. Also the above information on forms is correct and current.

Parent Acknowledgement

Name of Parent/Guardian: _____ Signed: _____ Date: _____

Centre Acknowledgement - Office Use Only:

Room Leader: _____ Sign: _____ Date: _____

Director/Nominated Supervisor: _____ Sign: _____ Date: _____

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?