



ASTHMA MANAGEMENT

QUALITY AREA 2

PURPOSE

This policy will outline the procedures to:

- ensure ECT's/educators, staff and families are aware of their obligations and the best practice management of asthma at Centenary Drive Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Centenary Drive Kindergarten is collected and recorded so that these children receive appropriate attention when required
- requirements for medical management plans are provided by parents/guardians for the child
- ensuring Asthma Action Plans are provided by parents/guardians for the child prior to commencement
- develop risk-minimisation and communication plans with parents/guardians
- 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 ECT's/educators, staff and families follow the advice from Emergency Management Victoria associated with thunderstorm asthma event.



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



POLICY STATEMENT

VALUES

Centenary Drive 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, families and any other person(s) dealing with children enrolled at the service.

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, families, children, and others attending the programs and activities of Centenary Drive Kindergarten, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While Centenary Drive 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 registered medical practitioner.

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	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Providing all staff with access to the service's <i>Asthma Management Policy</i> , and ensuring that they are aware of asthma management strategies (<i>refer to Procedures</i>) upon employment at the service	R	√			
Providing families with access of the service's <i>Asthma Management Policy</i> and <i>Dealing with 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 always on duty	R	√			
Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current (within the previous 3 years), meet the requirements of the <i>National Law (Section 169(4)) and National Regulations (Regulation 136, 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>) is included on the staff record (<i>refer to Definitions</i>)	R	√			
Organising asthma management information sessions for families 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 families	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	√			
Ensuring families provide a copy of their child's Asthma Action Plan (<i>refer to Definitions and Attachment 1</i>), in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service (<i>Regulation 90</i>). The Asthma Action Plan should be reviewed and updated at least annually	R	√		√	
Developing a Risk Minimisation Plan (<i>refer to Definitions and Attachment 3</i>) for every child with asthma, in consultation with families	R	√	√	√	
Developing and implementing a communication plan (<i>refer to Definitions</i>) ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families (<i>Regulation 90 (c) (iv)(A)(B)</i>) (<i>refer to Dealing with Medical Conditions</i>)	R	√	√	√	√
Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan (<i>refer to Definitions</i>), to ensure current information is shared about specific medical conditions within the service (<i>refer to Dealing with Medical Conditions</i>)	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 a copy of the child's Asthma Action Plan is accessible and known to staff in the service. (<i>Regulations 90 (iii)(D)</i>). Prior to displaying the Asthma Action Plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (<i>refer to Privacy and Confidentiality Policy</i>)	R	√		√	
Ensuring that all children with asthma have an Asthma Action Plan, Risk Minimisation Plan and Communication Plan filed with their enrolment record	R	√		√	
Notifying staff, in writing, of any changes to the information on the Asthma Action 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 families 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 families 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 Action Plan for each child	√	√	√		

Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the asthma first aid kit	R	√	√		
Ensuring that medication is administered in accordance with the child's Asthma Action 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 families 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 families regarding the service's <i>Asthma Management 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 Action 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 families 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 2</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	R	R	R		√

child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma					
Ensuring an Asthma Emergency 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	√		



PROCEDURES

Asthma Australia's Asthma First Aid 2023: chrome-extension://efaidnbmnnnibpcajpcglclefindmkai/https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2023-A3_CMYK_v10_Blue.pdf



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 families 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



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.cecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Action 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 Action 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 Emergency 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.

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.cecqa.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
- notifying 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 Action Plan – download from the Asthma Australia website: <https://asthma.org.au/treatment-diagnosis/asthma-action-plan/>
- Attachment 2: Asthma First Aid poster 2023– download from the Asthma Australia website: <https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2023-A4-CMYK-v10-All.pdf>
- Attachment 3: Asthma Risk Minimisation Plan – download from the Asthma Australia website: <https://asthma.org.au/support/how-we-can-help/resources/> **OR use Centenary Drive Kindergarten's own Risk Minimisation and Communication Plan**



AUTHORISATION

This policy was adopted by the approved provider of Centenary Drive Kindergarten on 13/03/24.

REVIEW DATE: 13/03/25

Photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor

Name:

Plan date: **Review date:**

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

😊

WELL CONTROLLED is all of these...

- needing reliever medicine 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:

morning: night: puffs/inhalators

• Use my preventer, even when well controlled • Use my spacer with my puffer

TAKE reliever

Name:

puffs/inhalators as needed puffs/inhalators 15 minutes before exercise

• Always carry my reliever medicine

😞

FLARE-UP Asthma symptoms getting worse such as any of these...

- needing reliever medicine more than usual OR more than 2 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:

morning: night: puffs/inhalators for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalators as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor same day or as soon as possible

😡

SEVERE Asthma symptoms getting worse such as any of these...

- reliever medicine 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:

morning: night: puffs/inhalators for days then back to well controlled dose

TAKE reliever

Name: puffs/inhalators as needed

START other medicine

Name/dose/days/other treatments:

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc:

😱

EMERGENCY is any of these...

- reliever medicine not working at all
- 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

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you.

v19 Updated 13 October 2023

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)**

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 separate puffs** have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until **2 separate inhalations** 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 **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 Zempren and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



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1



SIT THE PERSON UPRIGHT

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

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GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

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Bricanyl: Give 1 more inhalation **every 4 minutes** until emergency assistance arrives



ASTHMA AUSTRALIA

1800 ASTHMA
(1800 278 462)
asthma.org.au

Supported by:



Translating and Interpreting Service
131 450

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- **Attachment 3: Asthma Risk Minimisation Plan** – download from the Asthma Australia website: <https://asthma.org.au/support/how-we-can-help/resources/> OR use Centenary Drive Kindergarten’s own Risk Minimisation and Communication Plan

MEDICAL CONDITIONS, RISK MINIMISATION & COMMUNICATION PLAN



Centenary Drive Kindergarten
 68 Centenary Drive,
 Mill Park, 3082
 Ph : (03)9436 7671
 Email : centenary_drive_kind@kindergarten.vic.gov.au
 Web : <https://www.centenarydrivekinder.kindergarten.vic.gov.au/>
 ADN : 85 613 569 498
 Reg No : A00194/36

This medical conditions communication plan is to be completed by Centenary Drive Kindergarten in consultation with the at risk child’s parents/guardians. Copies are to be kept by both the parents/guardian and the kindergarten, in the child’s confidential enrolment file. It is the parents/guardians responsibility to notify the kindergarten of any changes.

All families must be aware that no child who has been prescribed with an Epipen/Anapen or prescribed Asthma medication is not permitted to attend the kindergarten without an Epipen/Anapen or prescribed Asthma medication.

Child’s Details

Name of Child
Date of Birth



Parent/Guardian Contact Details

Name	Address (Home & Work)	Telephone/s

It is the responsibility of the Parent/Guardian to:

(please tick box when completed)

- Provide the Medical Management Plan during enrolment.
- Inform the child’s service if their child’s medical condition changes, by phone or in person and if relevant provide an updates Medical Management Plan.

It is the responsibility of Centenary Drive Kindergarten to:

(please tick box when completed)

- Ensure all enrolment forms are completed, including:
 - Medical Management Plan signed by medical practitioner and parent.
 - Medical Conditions Risk Minimisation & Communication Plan signed by kindergarten and parent/guardian.

- Provide the parent/guardian with contact details of the kindergarten so they can notify of any updates or changes to the child's medical condition, management plans or risk minimisation plans.
- Maintain up-to-date training, relevant to the child's condition eg. Anaphylaxis training, including administering of Epipen/Anapen.

It is the responsibility of Centenary Drive Kindergarten staff to:
(please tick box when completed)

- Ensure all staff, relief staff, parent helpers, students on placement and volunteers at the service or attending an excursion or outing with the at risk child are able to identify the child
- Carry the medical management plan/s and medication of any at risk child when going on an excursion or evacuating the service.
- Make sure any medication (within expiry date) is available for use at any time the child is in care and all staff including relievers are aware of the location of the child's medication.
- Inform other families in care that there is an at risk child and the procedures that are to be followed and ensure a sign is on display.
- Provide the parent/guardian with contact details of the kindergarten so they can notify of any updates or changes to the child's medical condition, management plans or risk minimisation plans.
- Follow the DE incident and accident reporting requirements.
- Maintain up-to-date training, relevant to the child's condition eg. Anaphylaxis training, including administering of Epipen/Anapen.

The following people have read, understood and agreed to the information in this medical conditions risk minimisation and communications plan:

Parent/Guardian Name	Signature	Date
Teacher Name	Signature	Date
Educator Name	Signature	Date
Educator Name	Signature	Date

MEDICAL CONDITIONS RISK MINIMISATION PLAN

** This risk minimisation plan is to be completed by Centenary Drive Kindergarten in consultation with the at risk child's parents/guardians.*

Date of Plan :

Child's Name	D.O.B	Medical Condition/s

Anaphylaxis

YES / NO

Are all families aware that children will not be accepted into care without their prescribed EpiPen or Anapen?

The service/Educators will ensure the EpiPen/Anapen kit is taken on all excursions attended by the at risk child.

Anaphylaxis/Allergy

YES / NO

Does the family give permission to display the potential source of exposure to each known allergen to assist the service/educators to provide a safe environment for their child?

Has the service/Educator notified all other families in care of any specific procedures to be followed to minimise the risk of exposure to a known allergen? Eg. Requesting certain foods are not brought in to the service

Asthma

YES / NO

Are all families aware that children will not be accepted into care without their prescribed Asthma medication?

The service/Educators will ensure the asthma medication is taken on all excursions attended by the at risk child.

Diabetes

YES / NO

Are all families aware that no child who has been prescribed with Diabetes medication and/or blood glucose meter is permitted to attend the service without these items?

The service/Educators will ensure the Diabetes medication and/or blood glucose meter is taken on all excursions attended by the at risk child.

Epilepsy

YES / NO

Are all families aware that when medication is prescribed, parents must provide an adequate supply of emergency medication to their child?

The service/Educators will ensure that any prescribed medication is taken on all excursions attended by the at risk child.

Risk Minimisation Table

1. In the following table, list the known Medical Condition and scenario including allergens where necessary for the at risk child
2. List the strategies to minimise the risk to the child. This may include requesting that certain foods/items not be brought in to the service – refer to last page for examples of strategies
3. List who is responsible for enforcing the risk minimisation strategy

Medical Condition & Scenario	Risk Minimisation Strategies	Who

List strategies on how will staff, including relievers, parents/guardians, students and volunteers recognise the child while at the service or on an excursion/outing:-

--

Where will the child's Medial Management Plan be displayed and/or located :-

--

Medication expiry date checks:-

Date Checked	Name of Medication	Checked by	Signature

The medical condition risk minimisation plan will be reviewed with the family of the at risk child at least annually, but always upon enrolment of the at risk child and after any incident or accidental exposure.

Date the annual review is to be <u>completed</u> :		
	YES / NO	Date
Parent/Guardian has been provided with a copy of the <i>Dealing with Medical Conditions Policy</i> .		
Parent/Guardian has provided the relevant action plan (eg. <u>Anaphylaxis</u> , asthma, Diabetes) to the service.		
Parent/Guardian has provided relevant medication (eg. <u>Epipen/Anapen</u> , Asthma medication or other) which is prescribed for the child with their name.		
Copies of this form have been stored at the service.		
Copies of this form have been provided to parent/guardian.		

Example of Risk Minimisation Table

The following strategies will be implemented during the following possible scenarios, in order to reduce potential triggers and exposures for the at risk child.

Medical Condition & Scenario	Risk Minimisation Strategies	Who
ANAPHYLAXIS Food allergies (eggs)		
Entering the service	Ensure each child in <u>care</u> washes their hands upon <u>arrival</u>	Parent/Guardian and Educators
Hygiene practices	Effective hygiene procedures and practices are used to minimise the risk of contamination of all surfaces and <u>equipment</u>	Educators
	Drink bottles and lunch boxes provided by the family of the <u>at risk</u> child should be clearly labelled with the child's name	Parent/Guardian
Cooking experiences	All staff to carefully consider allergies of <u>at risk</u> child prior to planning cooking experiences at the service	Educators
Reduction of triggers	All families of the group in which the <u>at risk</u> child attends, to be encouraged not to bring known triggers in to the service via their child's lunch box.	
ASTHMA Child has a <u>cold</u>	Monitor cold symptoms and notify parents if <u>needed</u> Monitor child's asthma symptoms and provide medication as <u>required</u> Be vigilant with the spread of infections to minimise repeat <u>infections</u>	Educator Educator Educator
DIABETES Excursions	Organise excursions to places that are low risk to the at risk <u>child</u> Make sure child's medications and management plan are with the child at all <u>times</u>	Educator Educator