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Asthma Policy

Purpose

This policy will provide guidelines for Ewing Kindergarten to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Ewing Kindergarten
- ensure that all necessary information for the effective management of children with asthma enrolled at Ewing 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 kindergarten.
- ensure 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

Ewing Kindergarten is committed to:

- providing a safe and healthy environment for all children enrolled at the kindergarten
- 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 kindergarten.

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 Ewing Kindergarten.

Asthma management should be viewed as a shared responsibility. While Ewing Kindergarten recognises its duty of care towards children with asthma during their time at the kindergarten, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

Background and Legislative Requirements and Guiding Documents

Background

Asthma is a chronic, treatable health condition that affects approximately 1:9 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, Ewing Kindergarten will ensure all educators have current approved emergency asthma management training (refer to Definitions).

Legislative Requirements

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

- **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 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.
- **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, Ventolin and Zempreon.
- **Risk minimisation plan:** Provides information about child-specific asthma triggers and strategies to avoid these in the service.
- **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.

Strategies for Policy Implementation/ Procedures

Responsibilities *R = Legislation requirement	Approved provider	Nominated supervisor and persons in day-to-day care	Early childhood teacher, educator, all other staff	Families	Contractors, volunteers and students
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 families 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 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 Care Plan (<i>refer to Definitions and Attachment 2</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 Care Plan should be reviewed and updated at least annually	R	✓		✓	
Developing a Risk Minimisation Plan (<i>refer to Definitions and Attachment 4</i>) for every child with asthma, in consultation with families	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 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 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 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 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	✓	✓	✓		✓
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	R	✓	✓		
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 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	✓		

Related Policies and Procedures

- 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.

References and Further Sources

- The Asthma Foundation of Victoria: 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.

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 Ewing Kindergarten'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 action plan
- Attachment 2: Asthma First Aid Procedure & Asthma first aid flow chart (National Asthma Council)
- Attachment 3: Asthma risk minimisation plan

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/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 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/inhalations for days then back to **well controlled** dose

TAKE reliever

Name puffs/inhalations 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/inhalations for days then back to **well controlled** dose

TAKE reliever

Name puffs/inhalations 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.

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Attachment 2 – Asthma First Aid Procedure

Asthma First Aid Procedure

Reproduced from the Child in Care Model Policy

ASTHMA FIRST AID PROCEDURE

If a child or staff member develops signs of what appears to be an asthma attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

- Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner.
- 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
- 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.**

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.**

ASTHMA FIRST AID PROCEDURE

Step 1. Sit the person upright

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

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.

Step 3. Remember: Shake, 1 puff, 4 breaths

- Wait 4 minutes
- If there is no improvement, repeat step 2 above, give **4 more puffs.**

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.

Call emergency assistance immediately (000) if the person's asthma suddenly becomes worse

- In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child.
- Only staff who have completed training in Emergency Asthma Management may access the blue reliever medication for first aid purposes from the First Aid Kit.
- The parents/guardians of any child who becomes ill at the kindergarten should be notified, even if the child has a complete recovery from the asthma attack (Regulation 86)
- The treatment given should be recorded in the Incident, Injury, Trauma and Illness Record (Regulation 87) and or the Medication Record (Regulation 92).
- It does not matter if a different brand of reliever medication to the child's usual medication is used
- An overdose cannot be given following the steps outlined above. However it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly
- What if it is the first attack of asthma? A problem that may be encountered when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have a pre-existing asthma or other health problems. In this situation staff should call 000 and if the signs and symptoms of asthma are present institute Asthma first aid as per the procedure outlined.

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 AUSTRALIA

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

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Translating and Interpreting Service
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Attachment 3: Asthma Risk Minimisation Plan



INSERT CHILD PHOTO

Asthma Risk Minimisation and Communication Plan

(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: _____		Office use only: Nominated Supervisor Signature: _____ Date: _____	
Parent/Guardian			
Name of Parent/Guardian			

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 are 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:	

Risk minimisation strategies:

MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service)

Child Name:	Date of Birth: / /
Specific health care needs or diagnosed medical condition:	

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.

Other _____ comments: _____

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.

Signed: _____ Date: _____

Parent/Guardian

Name of Parent/Guardian

<p><u>Office use only:</u></p> <p>Enrolment form pages have been reviewed and completed. Nominated Supervisors:</p> <p>Signature: _____</p>

Educator & Staff Acknowledgements (please sign and date after reading plans)

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 trigger