

ASTHMA POLICY

This policy was written in consultation with The Asthma Foundation of Victoria. The Foundation's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit The Asthma Foundation of Victoria's website: <https://www.asthmaaustralia.org.au/>

PURPOSE

This policy will outline the procedures to:

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

POLICY STATEMENT

1. VALUES

Hurlingham Preschool 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, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Hurlingham Preschool.

Asthma management should be viewed as a shared responsibility. While Hurlingham Preschool 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. BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is the most common reason 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, it is Hurlingham Preschool's policy that 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*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Information Privacy Act 2000* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

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. Links to EAM training can also be found through <http://www.asthmaaustralia.org.au>

Asthma Child and Adolescent Program (ACAP): A Commonwealth Government funded, one-hour asthma training program available free of charge to all preschool staff (four-year-old funded program). This training covers asthma management and first aid in an emergency. Asthma Australia recommends that all education staff working on site (teaching and non-teaching) attend an ACAP session. The program also provides resources to parents/guardians and carers of children with asthma.

Asthma Friendly Children's Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and fulfill five essential criteria, which will be assessed by

The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

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. Asthma Action Plan templates can be downloaded from The Asthma Foundation of Victoria's website: <http://www.asthmaaustralia.org.au>. A sample plan specifically for use in children's services is provided in this policy as 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
- 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, exercise and thunderstorms. Asthma triggers will vary from child to child.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

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, Epaq or Ventolin.

Spacer device: A plastic 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.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.cecqa.gov.au

5. SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria www.asthmaaustralia.org.au/vic/ or phone (03) 9326 7088 or 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

Service policies

- *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*

PROCEDURES

The Approved Provider and Persons with Management or Control are responsible for:

- providing the Nominated Supervisor and all staff with access to the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to all educators
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times. *It is Hurlingham's best practice that all permanent staff members have EAM training.*
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- providing parents/guardians of a child with asthma with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- providing all parents/guardians access to a copy of the service's *Asthma Policy* upon enrolment of their child
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan (refer to Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (refer to Attachment 4) for every child with asthma, in consultation with parents/guardians
- developing a Communications Plan (refer to Attachment 5) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan, Risk Minimisation Plan and Communications Plan filed with their enrolment record and displayed on office medical window and in the Care Plan on display in kitchen
- ensuring that The Asthma Care Plan, Risk Minimisation Plan and Communication Plan should be reviewed and updated if necessary at the beginning of every term in consultation with

parents/guardians and the parents/guardians signature recorded to demonstrate this on the Asthma Care Plan

- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- 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
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring that the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use by the Nominated Supervisor
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- 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
- ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94).

The Nominated Supervisor and Person in Day to Day charge are responsible for:

- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- ensuring that all children with asthma have an Asthma Care Plan, Risk Minimisation Plan and Communications Plan filed with their enrolment record and displayed on office medical window and in the Care Plan on display in kitchen
- 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 care plans
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

- regularly maintaining all asthma components of the first aid kit to ensure that all the medications are current and any asthma devices are clean and ready for use

All educators are responsible for:

- ensuring that they are aware of the service's *Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- 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
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to Attachment 4) for every child with asthma in consultation with parents/guardians
- developing a Communication Plan (refer to Attachment 5) for every child with asthma in consultation with parents/guardians
- ensuring that The Asthma Care Plan, Risk Minimisation Plan and Communication Plan should be reviewed and updated if necessary at the beginning of every term in consultation with parents/guardians and the parents/guardians signature recorded to demonstrate this on the Asthma Care Plan
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- 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
- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- 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
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to Attachment 4) for their child
- working with staff to develop a Communication Plan (refer to Attachment 5) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record

- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- where appropriate, 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 parents/guardians, where appropriate, at least 14 days before making any significant changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Care Plan & Asthma First Aid poster
<http://www.asthmaaustralia.org.au/ArticleDocuments/1078/AA-Care-Plan-for-Ed-Care-Serv-0714.pdf.aspx>
- Attachment 3: Asthma Risk Minimisation Plan (*for latest version check with Nom Sup*)
- Attachment 4: Asthma Communication Plan (*for latest version check with Nom Sup*)

AUTHORISATION

This policy was adopted by the Approved Provider of Hurlingham Preschool on 2nd May 2019.

REVIEW DATE: 02/05/2020

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of The Asthma Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy please contact The Asthma Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from Asthma Australia website 2019.

An asthma flare-up is a worsening of asthma symptoms and lung function compared to what you would usually experience day to day. An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

If you are experiencing any of these signs, start asthma first aid. Do not wait until asthma is severe.

MILD/MODERATE

- Minor difficulty breathing
- Able to talk in full sentences
- Able to walk/move around
- May have cough or wheeze

Commence Asthma First Aid

SEVERE

- Obvious difficulty breathing
- Cannot speak a full sentence in one breath
- Tugging in of the skin between ribs or at base of neck
- May have cough or wheeze
- Reliever medication not lasting as long as usual

**Call Ambulance on 000
Commence Asthma First Aid**

LIFE THREATENING

- Gasping for breath
- Unable to speak or 1-2 words per breath
- Confused or exhausted
- Turning blue
- Collapsing
- May no longer have wheeze or cough
- Not responding to reliever medication

**Call Ambulance on 000
Commence Asthma First Aid**




In children:

- Signs of worsening asthma can be difficult to recognise
- Asthma can worsen quickly over short period of time
- They may complain of sore tummy or chest and be more restless
- DO NOT DELAY in starting asthma first aid

6. HOW TO RESPOND

If you are experiencing a severe or life-threatening asthma attack, call an ambulance - Dial Triple Zero (000) and then start asthma first aid.

If you are experiencing a mild to moderate asthma attack, start asthma first aid.

7. 1	Sit the person upright <ul style="list-style-type: none"> - Be calm and reassuring - Do not leave them alone 	
8. 2	Give 4 separate puffs of blue/grey reliever puffer <ul style="list-style-type: none"> - Shake puffer - Put 1 puff into spacer - Take 4 breaths from spacer Repeat until 4 puffs have been taken Remember: Shake, 1 puff, 4 breaths <small>OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).</small>	
9. 3	Wait 4 minutes <ul style="list-style-type: none"> - If there is no improvement, give 4 more separate puffs of blue/grey reliever as above <small>(OR give 1 more dose of Bricanyl or Symbicort inhaler)</small>	
10. 4	If there is still no improvement call emergency assistance. Dial Triple Zero (000) <ul style="list-style-type: none"> - Say 'ambulance' and that someone is having an asthma attack - Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives <small>(OR 1 dose of Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort)</small>	

Call emergency assistance immediately. Dial Triple Zero (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 reliever is not available

- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

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

ASTHMA FIRST AID PROCEDURE

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

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.

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

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe)

Step 2. Give 4 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

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving)

Step 3. Wait 4 minutes

If there is no improvement, give 4 more puffs as above

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

(If calling Triple Zero (000) doesn't work on your mobile phone, try 112)

Attachment 3 - Asthma Risk Management Plan (Please contact Nominated supervisor for copy of current pdf file with appropriate formatting, up-to-date 2019)

ASTHMA Risk Minimisation Plan 2017

Children's Service or School Name: HURLINGHAM PRE-SCHOOL & KINDERGARTEN INC

Phone: 9553 8491 Address: 1 Palmer Avenue, Brighton East

Name of the child: Date of birth: Group: ☐ Echidna ☐ Koala ☐ Wombat

Asthma Action Plan provided by parent/carer: ☐ YES ☐ NO

Asthma Triggers:

Other health conditions:

Medication at kindergarten:

Parent/carer information (1)

Name:

Relationship:

Home phone:

Work phone:

Mobile:

Address:

Parent/carer information (2)

Name:

Relationship:

Home phone:

Work phone:

Mobile:

Address:

Other emergency contacts (if parent/carer not available):

Medical practitioner:

Address:

Contact no:

Emergency care to be provided at kindergarten:

Medication Storage:

MEDICATION IS STORED AT THE PRESCHOOL IN THE DESIGNATED MEDIBAG HANGING IN THE MAIN ROOM ON THE OFFICE WINDOW. IF PERSONAL SPACER IS NOT AVAILABLE, SPACER IS LOCATED IN KITCHEN IN LABELLED FIRST AID CABINET TO THE RIGHT OF THE REFRIGERATOR AND HOUSES ALL FIRST AID REQUIREMENTS.

The following Asthma Risk Minimisation Plan has been developed between the parent/carer listed above and the preschool educators, and will be reviewed in September 2015 or earlier should the child's circumstances change. (insert date of proposed review).

Signature of parent/carer:

Date:

Signature of principal (or nominee):

Date:

Place photo here Name of the child:

Date of birth: Group: ☐ Echidna ☐ Koala ☐ Wombat

Predominant Asthma Trigger/s:

Other Asthma Triggers:

Risk: When/ how could your child have an Asthma attack?

Strategy:

What action is to be taken in this scenario?

Who is Responsible? (Educators will complete this column)

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

Parent considerations:

What are the 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?
- Will the child actively seek help if they feel unwell?
- Does the child suffer any anxiety when given their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children under 5 years old)
- 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 additional health condition? Educator considerations:
- 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?

NAME OF CHILD:

I have received and read the Asthma Management Policy for Hurlingham PreSchool ☐ Yes ☐ No

I have read, and where applicable, contributed to my child's Risk Minimisation Plan. ☐ Yes ☐ No

Please select from the following options:

☐ I am providing Antihistamine for my child, with the expiry date/...../.....

☐ I am providing a Ventolin /Asmol Inhaler for my child, with the expiry date/...../.....

☐ I am providingfor my child, with the expiry date/...../.....

☐ I am providing an approved face mask for use with the Ventolin /Asmol Inhaler listed above.

Signed:

Parent/Guardian Name:

Date:

Attachment 4: Asthma Communication Plan

(provided by nominated supervisor 2019)

COMMUNICATION PLAN

Child's name:

Group:

Name of Parents;

Child's Medical Needs:

Communication plan prepared by:

Signed by:

Parent
EducatorDate
Date

HOW WILL WE COMMUNICATE?	HOW OFTEN?			Best time to communicate
	Weekly	Monthly	Per term	
Telephone calls				
Email				
Pick up or drop off times				
Parent duty days				

COMMUNICATION NOTES**INFORMATION ABOUT MEDICATION AND MEDICAL NEEDS**

Where is the child's medication kept?	
Does the child leave the medication at the service?	
If no, how do you ensure that it is brought with the child each session and taken home at the end of each session?	

IN THE EVENT THE CHILD EXPERIENCES A MEDICAL EMERGENCY

What steps need to be taken?	
Who needs to be called?	
Who is responsible for retrieving the medication?	
Who is responsible for administering the medication and following the MAP?	
Who is responsible for calling 000 if needed?	
Who is responsible for calling the parent to alert them of the child's medical emergency?	

COMMUNICATION CHECKLIST

	COMPLETED (tick when completed)	NOTES (include date completed)
PRIOR TO COMMENCEMENT AT KINDER		
Medical Action Plan (MAP) completed by child's doctor and parent		
Risk Management Plan (RMP) completed by parent and educator		
MAP & RMP communicated to all educators at staff meeting		

MAP displayed in kitchen and kinder room		
Sign placed on glass door to advise parents about allergens at the Kinder		
Discussion with family about Privacy and how information will be used		

COMMUNICATION TO KINDER FAMILIES		
<i>At information sessions at beginning of year:</i>		
Families informed of all diagnosed medical conditions in the group		
Families shown where the MAP's are located (kitchen/main room)		
<i>When parents, volunteers or relief staff are at the kindergarten</i>		
Inform/remind them of diagnosed medical conditions of the group		
Show where the MAP's and medications are located		
<i>Reminders during the year</i>		
Newsletter reminders to families of the allergens and diagnosed medical conditions in the kindergarten		
Email reminders from educators in Term 1 & Term 3		
<i>When changes occur in the MAP and/or RMP:</i>		
Parent needs to inform educator of any changes to medical condition MAP and/or RMP		
Parent to provide an updated MAP from doctor		
Parent and educator to update the RMP if necessary		
All relevant changes to be communicated to families via email/newsletter		