| | |
|---|---|
| **Document name:** | Asthma Policy |
| **Document Type:** | Policy |
| **Document Number:** | |
| **Domain:** | Meli Kindergarten Services |
| **Regulation:** | National Quality Framework |
| **Regulatory Area:** | Quality Area 2 |
| **Version:** | 2.1 |
| **Document Status:** | Published |
| **Effective Date:** | 2/11/2023 |
| **Review Date:** | 2/11/2026 |
| **Approver:** | CEO |
| **Custodian:** | Executive Director Services |

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

## 1.0 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 a Meli Kindergarten Services (Meli)
- Ensure that all necessary information for the effective management of children with asthma enrolled at a Meli service is collected and recorded so that these children receive appropriate attention when required.
- Respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.
- Ensure educators, staff and parents/guardians follow the advice from Emergency Management Victoria associated with thunderstorm asthma event.

## 2.0 Values

Meli is committed to:

- Providing a safe and healthy environment for all children enrolled at the service.
- Providing an environment where children with asthma participate to their full potential
- Providing a clear set of guidelines and procedures to be followed regarding the management of asthma.
- Educating and raising asthma awareness among educators, staff, parents/guardians, and any other person(s) dealing with children enrolled at the service.

## 3.0 Scope

This policy applies to Meli as the Approved Provider, persons with management or control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of a Meli service, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While a Meli service 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.

## 4.0 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 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. The 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. Meli as the Approved Provider will ensure that there is always at least one educator on duty 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*).

## 5.0 Definitions

The terms defined in this section relate specifically to this policy.

**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 the use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (refer to Attachment 1).

**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
- 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
- asthma first aid instruction card

Asthma Australia recommends spacers and face masks are single use only. First aid kits must have at least two spacers and two face masks, which should be replaced once used. Used items can be provided to the child/family as a means of suitability.

**Asthma triggers:** things that may induce asthma symptoms, e.g.: pollens, colds/viruses, dust mites, smoke, and exercise. Asthma triggers will vary from child to child.

**Metered dose inhaler (puffer):** 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.

**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.

## 6.0 Responsibilities

| RESPONSIBILITIES | Approved provider (Meli) and persons with management control | Nominated supervisor and persons in day-to-day charge | Early childhood teacher, educators, and all other staff | Parents/guardians | Contractors, volunteers, and students |
|---|---|---|---|---|---|
| **R** indicates legislation requirement, and should not be deleted | | | | | |
| Providing all staff with access to the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies upon employment at the service | R | ✓ | | | |
| Providing families with access of the service's *Asthma Policy* and *Medical Conditions Policy* upon enrolment of their child *(Regulation 90, 91)* | R | ✓ | | | |
| Ensuring induction procedures for casual/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 to staff as required under the *National Regulations 136* | R | ✓ | | | |
| Ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training is always on duty | 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 *National Law (Section 169(4)) and National Regulations (Regulation 137)*, and are approved by ACECQA | R | ✓ | | | |
| Maintaining current approved Emergency Asthma Management (EAM) qualifications | | R | R | | ✓ |
| Ensuring the details of approved Emergency Asthma Management (EAM) training are included on the staff record | 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, in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service *(Regulation 90).* The Asthma Care Plan should be reviewed and updated at least annually | R | ✓ | | ✓ | |
| Developing a Risk Minimisation Plan for every child with asthma, in consultation with families | R | ✓ | ✓ | | |
| Ensuring all details on their child's enrolment form and medication record 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 | | | | ✓ | |
| Always providing an adequate supply of appropriate asthma medication and equipment for their child 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 | ✓ | ✓ | ✓ | | |
| Ensuring that medication is administered in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* | R | R | R | | |
| Ensuring a medication record is kept for each child to whom medication is to be administered by the service *(Regulation 92)* | 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 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 | 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 *Asthma Policy* and strategies | R | ✓ | | | |
| Identifying and minimising asthma triggers for children attending the service as outlined in the child's Asthma Care Plan, where possible | R | ✓ | ✓ | | |
| Ensuring that children with asthma are not discriminated against in any way | ✓ | ✓ | ✓ | | |
| Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma | ✓ | ✓ | ✓ | | |
| Ensuring that children with asthma can participate in all activities safely and to their full potential | ✓ | ✓ | ✓ | | |
| Immediately communicating any concerns with families regarding the management of children with asthma at the service | R | ✓ | ✓ | | |
| Displaying Asthma Australia's Asthma First Aid poster in key locations at the service | R | ✓ | | | |

| | | | | | |
|---|---|---|---|---|---|
| Ensuring that medication is administered in accordance with the *Administration of Medication Policy* | 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 *(Regulation 94)* | R | R | R | | |
| Following appropriate reporting procedures set out in the *Incident, Injury, Trauma, and Illness Policy* if 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 is taken on all excursions and other offsite activities *(refer to Excursions and Service Events Policy)* | R | R | ✓ | | |

## 7.0 Evaluation

To assess whether the values and purposes of the policy have been achieved, Meli, as the Approved Provider, will:

- Seek feedback from everyone affected by the policy regarding its effectiveness
- Monitor 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 policy review cycle, or as required
- Notify 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)).

## 8.0 Attachments

**Attachment 1:** Asthma Action Plan – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/2022/12/AA2023_Asthma-Action-Plan-A4_v19_colour_editable.pdf

**Attachment 2:** Asthma First Aid poster – download from the Asthma Australia website: https://asthma.org.au/wp-content/uploads/2020/06/AAFAA4-First-Aid-2020-A4.pdf

**Attachment 3:** Asthma Risk Minimisation Plan – download from the ELAA website: https://elaa.org.au/wp-content/uploads/2023/02/asthma-risk-minimisation-plan.docx

## 9.0 Acknowledgment

Meli acknowledges Early Learning Association Australia (ELAA) and Asthma Australia in developing this policy.

## 10.0 Related Meli 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

## 11.0 Relevant legislation and standards

Relevant legislation and standards include but are not limited to:

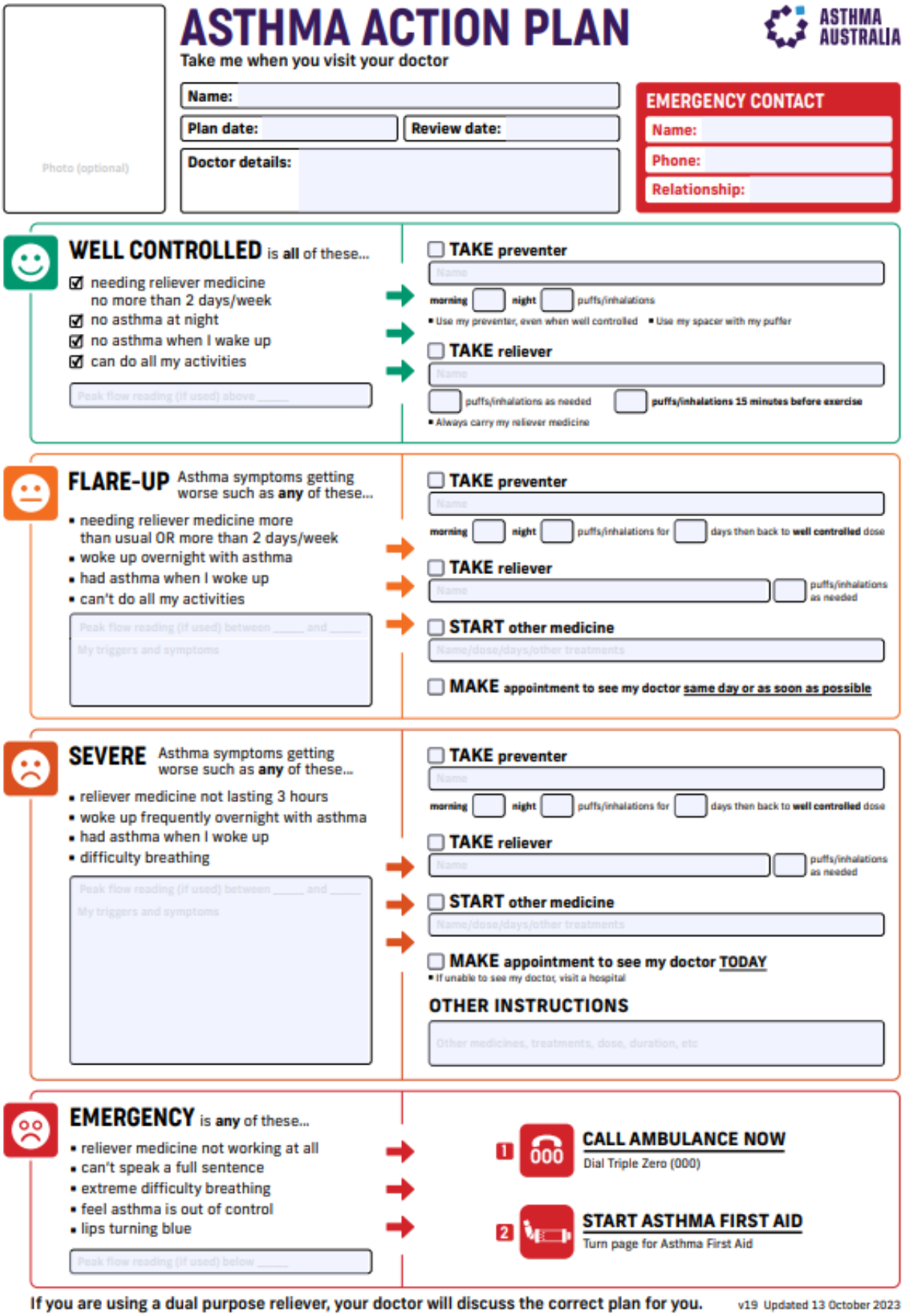
- Education and Care Services National Law Act 2010: Sections 167, 169, 174

- 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
- 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)

## 12.0 Sources

- Asthma Australia: www.asthmaaustralia.org.au or phone (03) 9326 7088 or 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

## ATTACHMENT 1: ASTHMA ACTION PLAN



# ASTHMA ACTION PLAN

ASTHMA AUSTRALIA

Take me when you visit your doctor

Photo (optional)

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 _____

1 000 **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

## ATTACHMENT 3: ASTHMA FIRST AID POSTER

# ASTHMA FIRST AID

**1 SIT THE PERSON UPRIGHT**

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

**2 GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER**

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

**OR** give 2 separate inhalations of Bricanyl (6 years or older)
**OR** give 1 inhalation of Symbicort Turbuhaler (12 years or older)
**OR** give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** 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 there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

**OR** give 1 more inhalation of Bricanyl
**OR** give 1 more inhalation of Symbicort Turbuhaler
**OR** give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

**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

**OR** give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
**OR** give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

### CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **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.

Translating and Interpreting Service 131 450

ASTHMA AUSTRALIA

**1800 ASTHMA**
(1800 278 462)

**asthma.org.au**

## ATTACHMENT 3: ASTHMA RISK MANAGEMENT PLAN

# Asthma Risk Minimisation Plan

INSERT CHILD PHOTO

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

This Plan is to be completed by the Parent, Nominated Supervisor, or nominee based on information from the children. 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:<br>Last Name: | First Name:<br>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: _____<br>Address: _____ | | |
| Emergency care to be provided at service: | | |
| Medication Storage: | | |
| The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date): _____/ _____/ _____(DD/MM/YYYY) | | |

**Signed:** _____ **Date:** _____
**Parent/Guardian**

_____
**Name of Parent/Guardian**

Office use only:

Nominated Supervisor Signature: _____

Date: _____

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

- Anaphylaxis, asthma and first aid trained educators are always on the premises.
- 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 for children 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 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, mold, pollen, missed meals, etc). PLEASE LIST TRIGGERS THAT RELATED TO CHILD: | |
| Other Triggers: | |

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

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

| Risks | Strategy | Who is Responsible? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Other comments:_____

_____

_____

_____

_____

_____

**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**

Office use only:
Enrolment form pages have been reviewed and completed. Nominated Supervisors:

Signature:_____

Date:_____

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

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma trigger 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 always have one member of staff on duty 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 are 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 center 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?