

Asthma Risk Minimisation and
Communication Plan
Ripponlea Kindergarten



Ripponlea Kinder
We play, learn, grow and have fun doing it!

GENERAL DETAILS			
Child's Name:			
Date of Birth:			
Group Child Attends:		Days of attendance:	
Parent/Guardian contact details:	Parent/guardian information (1)		Parent/guardian information (2)
	Name:		Name:
	Relationship:		Relationship:
	Phone:		Phone:
Other Emergency Contacts (if parent/guardian not available):			
Medical Practitioner Contact:			
Asthma Action Plan provided by family (please circle): YES / NO		Date Action Plan completed by doctor or nurse practitioner:	
		Date of next review:	
Other Health Conditions:			
ASTHMA DETAILS			

Asthma triggers:	Sources of exposure to triggers:	Strategies to avoid triggers:
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General minimisation strategies:

A copy of the child's action plan will be displayed in the room.

A copy of the child's action plan will be kept with their medication, in their enrolment file, and in the emergency backpack and bush kinder backpack (if in the Walert group).

Educators are always up to date with their first aid training, including asthma management.

All staff know where the action plans and medication for each child are located.

Child's medication will be clearly labelled and kept in an unlocked cabinet not accessible to children and away from heat.

Spare asthma medication including spacers is available at the service and kept in the children's medication cupboard.

Child's medication and spare medication will be taken offsite when we go to the oval, practice emergency evacuations, or go to bush kinder.

Regular checks will be undertaken on all medication kept at the service to ensure they are in date and there is enough medication available.

All medical policies are available on the kindergarten website and parents / guardians notified of this at orientation sessions.

Educators ensure they clean environment properly to lessen any asthma triggers related to dust or pollen.

In an emergency, medication will be administered as per each child's individual policy. If the child has never had an episode before we will follow the general ASCIA plan, located with the spare Ventolin and spacer and displayed near the action plans and in the office.

<p>Staff will let relief staff know the children at risk of asthma and will be responsible for the administration of medication if required (relief staff are unable to administer medication).</p>		
<p>Initial Signs: <i>What are the first symptoms to appear that could mean a reaction is commencing?</i></p>		
<p>Initial Action: <i>What are the initial steps of first aid to be taken? (eg. contact parents/emergency contacts, administer medication as per Asthma Action Plan etc)</i></p>		
<p style="text-align: center;">MEDICATION DETAILS</p>		
<p>Asthma Medication Name:</p>		
<p>Expiry date:</p>		
<p>Medication Storage Location: <i>Stored at the service in the First Aid cupboard on the back wall near the kitchen</i></p>		
<p style="text-align: center;">AGREEMENT</p>		
<p>The following Asthma Risk Minimisation Plan has been developed with my knowledge and input.</p> <p>I acknowledge I have been provided with a copy of Ripponlea Kindergarten's Asthma Management policy.</p> <p>I am aware that my child cannot commence at the Kindergarten without reliever puffer medication, spacer and face mask that will stay at the kinder.</p> <p>I will notify staff about any changes to my child's diagnosis or Asthma Action Plan.</p> <p>I authorise staff to administer reliever puffer medication with spacer if required.</p> <p>I acknowledge that this plan is valid for one year or until I advise the service of a change in my child's health care requirements.</p>		
<p>Name of parent/guardian:</p>	<p>Signature:</p>	<p>Date:</p>

Name of teacher:	Signature:	Date:
Name of Nominated Supervisor:	Signature:	Date:
Date of review of this risk minimisation plan (eg. following an exposure incident or change to plan):		
STAFF ADVISED OF CHILD WITH ASTHMA		
Staff name:	Signature:	Date:
Staff name:	Signature:	Date:
Staff name:	Signature:	Date:
Staff name:	Signature:	Date:
Staff name:	Signature:	Date:
Staff name:	Signature:	Date: