

ASTHMA POLICY

Mandatory – Quality Area 2

This policy was written in consultation with Asthma Australia. The Foundation's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by BRPS. For more detailed information, visit Asthma Australia's website: www.asthma.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 Black Rock Pre School
- ensure that all necessary information for the effective management of children with asthma enrolled at Black Rock Pre School 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

Black Rock Pre School 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, Nominated Supervisor, Responsible Person, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Black Rock Pre School.

Asthma management should be viewed as a shared responsibility. While Black Rock Pre School 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 9 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(1c)). As a demonstration of duty of care and best practice, BRPS recommends **all educators** have current approved emergency asthma management training (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health and physical activity is supported and promoted
 - Element 2.1.2: Effective illness and injury management and hygiene practices are promoted and implemented
 - Standard 2.2: Each child is protected
 - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *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.

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 Action Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. Asthma Action Plan templates can be downloaded from Asthma Australia's website: www.asthma.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.

Asthma Australia recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

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.

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, 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, 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 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
-
- 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

- *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 is responsible for:

- providing the Nominated Supervisor and all staff with a copy of 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 staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- 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 with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Action 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
- ensuring that all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record
- 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 the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- 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
- displaying Asthma Australia's *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
- 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 Responsible person 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 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*)
- compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Action Plan for each child
- ensuring that 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
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Responsible person and other 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 Action 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 Action Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Action Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Action Plan
- developing a Risk Minimisation Plan (refer to Attachment 4) for every child with asthma in consultation with parents/guardians
- 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 Action Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Action 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
- 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 Action 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:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Action Plan
- Attachment 3: Asthma First Aid poster
- Attachment 4: Asthma Risk Minimisation Plan

AUTHORISATION

This policy was adopted by the BRPS Committee of Management and updated by executive committee in April 2019 / April 2020.

REVIEW DATE: As Required

ACKNOWLEDGEMENT

Black Rock Pre School (BRPS) acknowledges the contribution of Asthma Australia in developing this policy. If your service is considering changing any part of this model policy please contact Asthma Australia 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's *Asthma & the Child in Care Model Policy*.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Action 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 Action 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 Action 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 2

Sample Asthma Action Plan

This sample Asthma Action Plan is available for download from Asthma Australia's website.

https://asthma.org.au/wp-content/uploads/2020/01/341-NAC-Written-Asthma-Action-Plan-2015_Colour.pdf

CHILDREN'S SERVICES ASTHMA ACTION PLAN

(To be updated at least annually and as needed)



**For children in childcare,
kindergarten, preschool, family day
care and out of school hours care**

Instructions

1. To be completed by parents/guardians in consultation with their child's doctor.
2. Parents/guardians should inform the children's services that their child attends immediately if there are any changes to this record.
3. Please tick the appropriate boxes or print your responses in the blank spaces where indicated.

Privacy

The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child. The service will only disclose this information to others after they have obtained your consent if it is to be used elsewhere.

Child's name: Sex: M ☐ F ☐ Date of birth:/...../.....
(First Name) (Family Name)

PERSONAL DETAILS

Parent/Guardian's Name:
Telephone: (H) (W) (M)
Emergency contact person:
Relationship (eg, parent/guardian/grandparent):
Emergency contact telephone: (H) (W)
(M)

Doctor: Telephone:

Ambulance member: ☐ Yes ☐ No Membership number:

PHOTO

USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma

- ☐ Wheeze
- ☐ Tightness in chest
- ☐ Coughing
- ☐ Difficulty breathing
- ☐ Difficulty speaking
- ☐ Other (Please specify)
.....

Signs of child's asthma worsening

Increased signs of:

- ☐ Wheeze
- ☐ Tightness in chest
- ☐ Coughing
- ☐ Difficulty breathing
- ☐ Difficulty speaking
- ☐ Other (Please specify)
.....

What triggers the child's asthma?

- ☐ Exercise
- ☐ Colds/Viruses
- ☐ Pollens
- ☐ Dust
- ☐ Smoke
- ☐ Pets
- ☐ Other (Please specify)
.....

Does the child communicate when they experience symptoms and/or need medication? Yes ☐ No ☐

Does the child take any asthma medication before exercise/play? Yes ☐ No ☐

MEDICATION REQUIREMENTS USUALLY TAKEN IN CARE

(Include relievers, preventers, symptom controllers and combination medication before exercise).

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer)	When and how much? (e.g. one puff morning and night)


© The Asthma Foundation of Victoria April 2012


ASTHMA ACTION PLAN


Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME _____	DOCTOR'S CONTACT DETAILS _____	EMERGENCY CONTACT DETAILS _____
DATE _____		Name _____
NEXT ASTHMA CHECK-UP DUE _____		Phone _____
		Relationship _____

 WHEN WELL <i>Asthma under control (almost no symptoms)</i>	ALWAYS CARRY YOUR RELIEVER WITH YOU
Your preventer is: _____ (NAME & STRENGTH) Take _____ puffs/tablets _____ times every day <input type="checkbox"/> Use a spacer with your inhaler Your reliever is: _____ (NAME) Take _____ puffs _____ When: You have symptoms like wheezing, coughing or shortness of breath <input type="checkbox"/> Use a spacer with your inhaler	OTHER INSTRUCTIONS (e.g. other medicines, trigger avoidance, what to do before exercise) Peak flow* (if used) above: _____ _____ _____

 WHEN NOT WELL <i>Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)</i>	Peak flow* (if used) between _____ and _____
Keep taking preventer: _____ (NAME & STRENGTH) Take _____ puffs/tablets _____ times every day <input type="checkbox"/> Use a spacer with your inhaler Your reliever is: _____ (NAME) Take _____ puffs _____ <input type="checkbox"/> Use a spacer with your inhaler	OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines) <input type="checkbox"/> Contact your doctor _____ _____ _____

 IF SYMPTOMS GET WORSE <i>Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)</i>	Peak flow* (if used) between _____ and _____
Keep taking preventer: _____ (NAME & STRENGTH) Take _____ puffs/tablets _____ times every day <input type="checkbox"/> Use a spacer with your inhaler Your reliever is: _____ (NAME) Take _____ puffs _____ <input type="checkbox"/> Use a spacer with your inhaler	OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines) <input checked="" type="checkbox"/> Contact your doctor today Prednisolone/prednisone: Take _____ each morning for _____ days _____ _____

 DANGER SIGNS <i>Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)</i>	NationalAsthma
--	----------------

ASTHMA ACTION PLAN

what to look out for

WHEN WELL



THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL



THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE



THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS



THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY. DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR
AMBULANCE**

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

ASTHMA FIRST AID PLAN

Please tick your preferred Asthma First Aid Plan

☐ **NATIONALLY RECOMMENDED ASTHMA FIRST AID PLAN**

Step 1.	Sit the person upright <ul style="list-style-type: none">- be calm and reassuring- Do not leave them alone.
Step 2.	Give medication <ul style="list-style-type: none">- Shake the blue reliever puffer- Use a spacer and face mask if you have one, (use the puffer alone if a spacer and face mask are not available)- Give 4 separate puffs into the spacer- The person is to take 4 breaths from the spacer after each puff <p>Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them</p>
Step 3.	Wait 4 minutes <ul style="list-style-type: none">- If there is no improvement, repeat step 2.
Step 4	If there is <u>still</u> no improvement call emergency assistance (DIAL 000). <ul style="list-style-type: none">- Tell the operator the person is having an asthma attack- Keep giving 4 puffs, 4 breaths per puff, every 4 minutes while you wait for emergency assistance
Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse	

OR

☐ **CHILD'S ASTHMA FIRST AID PLAN (approved by doctor)** (if different from above)

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately (000).

- In the event of an asthma attack, I agree to my child receiving the treatment described above.
- I authorise children's services staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- Please notify me if my child has received asthma first aid.

Parent's/Guardian's Signature: _____ Date: ____/____/____

Doctor's Signature: _____ Date: ____/____/____

For further information about asthma management, please contact **The Asthma Foundation of Victoria** on (03) 9326 7088, toll free **1800 645 130**, or visit www.asthma.org.au

© The Asthma Foundation of Victoria April 2012

ATTACHMENT 3
Asthma First Aid poster

This poster is available for download from Asthma Australia's website.

Asthma First Aid

1

Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2

Give medication

- Shake the blue reliever puffer*
- Use a spacer if you have one
- **Give 4 separate puffs into the spacer**
- **Take 4 breaths from the spacer after each puff**

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer

Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them



3

Wait 4 minutes

- **If there is no improvement, repeat step 2**



4

If there is still no improvement call emergency assistance (DIAL 000)

- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance



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

To find out more contact your local Asthma Foundation:

1800 645 130

asthmaaustralia.org.au

Translating and Interpreting Service: 131 450

© Asthma Australia September 2010

Supported by the Australian Government



Asthma
Australia

ATTACHMENT 4
Asthma Risk Minimisation Plan



The Asthma Foundation
of Victoria
Telephone 03 9326 7088
Facsimile 03 9326 7055
Toll Free 1800 645 130
ACN 004 583 313
ABN 16 873 613 660
afv@asthma.org.au
491-495 King Street
West Melbourne
Victoria 3003
www.asthma.org.au

Risk Minimisation and Assessment Plan: Strategies to Avoid Asthma Triggers

Children's Service:

Supervising Staff (person completing Risk Minimisation Plan):

Child's Name:

Parent/Carer Name:

Has an Asthma Action Plan been provided? (circle) YES / NO

Parent/Carer Contact Details (telephone number):

What other health conditions does the child have? (please specify)

Have other Action Plans been provided (e.g. Anaphylaxis, Allergy)? (please specify)

Risk Description	Existing Controls	Rating			Treatment
		Effectiveness of existing controls	Risk Consequences	Risk Likelihood	
Describe the risk event, situation or issue. The cause/s and the consequence/s. Something occurs ... caused by ... leading to ... (See Appendix A)	Describe any existing policy, procedure, practice or device that acts to minimise a particular risk What is being done or what can be done?	Satisfactory Poor Unknown	Major Moderate Minor Insignificant	Almost certain Likely Unlikely Rare	For those risks requiring treatment in addition to the existing controls. List: • What will be done? • Who is accountable? • When will it happen?

APPENDIX A

Examples of Risks, Situations, Concepts to consider when completing the **Risk Minimisation and Assessment Plan: Strategies to Avoid Asthma Triggers**

- Who are the children and what are their asthma triggers (information can be found 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 the staff aware of which children have asthma? (Relief staff, coaches, boarding house staff, tuck shop staff, volunteers, etc.)
- 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 and 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 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? (every children's service is required to have at least one Asthma Emergency Kit)
- 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 allergy 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 staff and visitors on-site)
- Could traces of food allergens be present on craft materials used by the children? (eg. egg cartons, cereal boxes etc.)
- 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?

(C) Asthma Foundation of Victoria | Risk Assessment and Strategies to Avoid Asthma Triggers | Version 1.2 | June 2012 |
This form was adapted by The Asthma Foundation of Victoria, referencing the Risk Register Template (2010) developed by the Department of Education and Early Childhood Development (DEECD)