

ASTHMA POLICY

Mandatory – Quality Area 2

Uniting Victoria and Tasmania Limited is the Approved Provider of children's services known in these policies as Uniting Early Learning.

Overarching Policy Statement:

The *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania (refer to *Sources*) is the overarching whole of church policy to be implemented by individuals and entities involved with or connected to the Uniting Church. All children who are involved in any of the Church's activities, events or programs have a right to feel and be safe. The Church is committed to provide safe environments where children are cared for, respected, nurtured and sustained.

Policy statement

Uniting Early Learning 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 and any other person(s) dealing with children enrolled at the service.

Purpose

This policy outlines the procedures to:

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

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

Summary of Procedures relating to this Policy

All management and staff at the service must be familiar with the service's *Asthma Policy* and be aware of asthma management strategies (see Attachment 3) upon employment at the service. and at least one staff member with current approved EAM training must be on duty at all times.

Children with asthma should be identified during the enrolment process where possible, and staff informed. Parents must be provided with an Asthma Care Plan (refer to *Definitions*) to be completed in consultation with, and signed by, a medical practitioner. Every child with asthma must also have a Risk Minimisation Plan (refer to *Definitions*), developed in consultation with parents. These documents are available on the Asthma Australia website (refer to *Sources*). It is most important that children with

asthma are not discriminated against in any way and that the children can participate in all activities safely and to their full potential.

Procedures that identify and minimise asthma triggers (refer to *Definitions*) for children attending the service should be developed.

Attachments 3, 4 and 5 contain more detailed information in relation to Asthma First Aid Procedure, sample Asthma Care Plan incorporating the Asthma First Aid poster, and an Asthma Risk Minimisation Plan. These are also available on the Asthma Australia website:

www.asthmaaustralia.org.au

Scope

Asthma management should be viewed as a shared responsibility. While Uniting Early Learning recognises its duty of care towards children with asthma during their time at the service, as described in the procedures related to this policy, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents, children and others attending the programs and activities of Uniting Early Learning Children's Services.

The responsibilities of each party listed in the previous paragraph are noted at Attachment 1.

Background and legislation

Asthma is a chronic, treatable health condition that affects approximately one in ten Australian children and is one of the most common reasons for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and parents 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)).

Attachment 2 contains a list of the legislation and sources relevant to this policy, including Acts and Regulations.

Evaluation

In order to assess whether the goals 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;

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- 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 at least 14 days before making any changes to this policy or its procedures.

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: 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 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 peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and full-fill 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 Care Plan templates, including a plan specifically for use in children's services, can be downloaded from Asthma Australia's website: www.asthma.org.au. A sample plan is also available at Attachment 4 in this policy.

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers are for single-use only. It is essential to have at least two spacers 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, 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 or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services is available at Attachment 5 and can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

Spacer device: A plastic chamber 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.acecqa.gov.au

Authorisation:

This policy was adopted by Uniting Early Learning Victoria Tasmania on: January 2016

Review date: December 2017

This policy should be read in conjunction with:

- *Administration of First Aid*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

Acknowledgement:

This policy was written in consultation with The Asthma Foundation of Victoria and incorporates their *Asthma & the Child in Care Model Policy*. For more detailed information, visit The Asthma Foundation of Victoria's website: www.asthma.org.au

Attachment 1: Procedures Relating to the Asthma Policy

Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
Provide the Nominated Supervisor and all staff with a copy of the service's <i>Asthma Policy</i> , ensuring they are aware of asthma management strategies (see Attachment 3) upon employment at the service	x			
Provide approved Emergency Asthma Management (EAM) training to staff as required under the National Regulations	x			
Ensure at least one staff member with current approved Emergency Asthma Management (EAM) training is on duty at all times	x			
Ensure details of approved Emergency Asthma Management (EAM) training are included on the staff record	x			
Provide parents with a copy of the service's <i>Dealing with Medical Conditions Policy</i> and <i>Asthma Policy</i> upon enrolment of their child (Regulation 91)	x			
Identify children with asthma during the enrolment process and inform staff	x			
Provide parents with an Asthma Care Plan (refer to <i>Sources</i>) to be completed in consultation with, and signed by, a medical practitioner	x			
Ensure the development of a Risk Minimisation Plan (refer to Attachment 5) for every child with asthma, in consultation with parents	x			
Ensure all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record	x			
Ensure a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)	x			
Ensure parents of 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	x			
Implement an asthma first aid procedure (refer to Attachment 3) consistent with current national recommendations	x			
Ensure all staff are aware of the asthma first aid procedure	x			
Ensure adequate provision and maintenance of asthma first aid kits (refer to <i>Definitions</i>) at the service	x			

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
Ensure the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use	x			
Facilitate communication between management, educators, staff and parents regarding the service's <i>Asthma Policy</i> and strategies	x			
Identify and minimise asthma triggers for all children attending the service, where possible	x	x	x	
Ensure children with asthma are not discriminated against in any way and can participate in all activities safely and to their full potential	x	x	x	
Immediately communicate any concerns with parents in relation to the management of children with asthma at the service	x	x		
Ensure the service meets the requirements to be recognised as an Asthma Friendly Children's Service with The Asthma Foundation of Victoria	x			
Display Asthma Australia's <i>Asthma First Aid</i> poster (refer to <i>Sources</i>) in key locations at the service	x			
Ensure that medication is administered in accordance with the <i>Administration of Medication Policy</i>	x	x		
Ensure that when medication has been administered to a child in an asthma emergency without authorisation from the parent or authorised nominee, the parent of the child and emergency services are notified as soon as is practicable (Regulation 94)	x	x		
Follow appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.	x	x	x	
Ensure 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		x		
Ensure an asthma first aid kit is taken on all excursions and other offsite activities		x	x	
Compile a list of children with asthma and place it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each		x		

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
child				
Ensure 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		x		
Organise asthma management information sessions for parents of children enrolled at the service, where appropriate		x		
Ensure programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma		x		
Ensure they are aware of the service's <i>Asthma Policy</i> and asthma first aid procedure (refer to Attachment 3)			x	
Ensure 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			x	
Maintain current approved Emergency Asthma Management (EAM) qualifications			x	
Administer prescribed asthma medication in accordance with the child's Asthma Care Plan and the <i>Administration of Medication Policy</i> of the service			x	
Develop a Risk Minimisation Plan (refer to Attachment 5) for every child with asthma, in consultation with parents			x	
Discuss with parents the requirements for completing the enrolment form and medication record for their child			x	
Consult with the parents of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma			x	
Communicate any concerns to parents if a child's asthma is limiting his/her ability to participate fully in all activities			x	
Read the service's <i>Asthma Policy</i>				x
Inform staff, either on enrolment or on initial diagnosis, that their child has asthma				x
Provide a copy of their child's Asthma Care Plan to the service and ensure 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				x

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
Ensure all details on their child's enrolment form and medication record (refer to <i>Definitions</i>) are completed prior to commencement at the service				x
Work with staff to develop a Risk Minimisation Plan (refer to Attachment 5) for their child				x
Provide an adequate supply of appropriate asthma medication and equipment labelled with their child's name				x
Notify staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record				x
Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma				x
Encourage their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms				x

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

Attachment 2: Legislation and Sources

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*
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

Sources:

- Asthma Australia: <http://www.asthmaaustralia.org.au> Resources available include:
 - Asthma Care Plan for Education and Care Services
 - Asthma First Aid Poster – available at: <http://www.asthmaaustralia.org.au/vic/about-asthma/resources>
- The Asthma Foundation of Victoria: www.asthma.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
- *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania, Approved June 2015:
<http://victasintranet/hr/Documents/Keeping%20Children%20Safe%20Policy.pdf>

Attachment 3: Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 2 March 2014. An Asthma First Aid poster can also be downloaded from the Asthma Australia website at: <http://www.asthmaaustralia.org.au/vic/about-asthma/resources>

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
- 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.

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 separate puffs of blue/grey 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 separate puffs of blue/grey reliever 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 separate puffs every 4 minutes until emergency assistance arrives

Attachment 4: Sample Asthma Care Plan

Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.



Date of approval: July 2014
 Approved by: CEO Asthma Australia
 Date of review: July 2016
 AA Care Plan for 0-5 Care Serv 0714
 July 16, 2014 9:14 AM

PLEASE PRINT CLEARLY

Child's name _____ Date of birth _____

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe) _____

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe) _____

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this child usually tell an adult if s/he is having trouble breathing? Yes No
- Does this child need help to take asthma medication? Yes No
- Does this child use a mask with a spacer? Yes No
- *Does this child need a blue reliever puffer medication before exercise? Yes No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

Emergency contact information

Contact name _____

Phone _____

Mobile _____

Email _____

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
Remember: **Shake, 1 puff, 4 breaths**

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).



3 Wait 4 minutes

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above
- (OR give 1 more dose of Bricanyl or Symbicort inhaler.)



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

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



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 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 Australia

Contact your local Asthma Foundation
1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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Translating and
Interpreting Service
131 450

AAA4FA2014

Attachment 5: Asthma Risk Minimisation Plan (NB: in this document an Asthma Care Plan is referred to as an Asthma Action Plan)



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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	
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: <ul style="list-style-type: none"> What will be done? Who is accountable? When will it happen?

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).
(C) Asthma Foundation of Victoria | Risk Assessment and Strategies to Avoid Asthma Triggers | Version 1.2 | June 2012

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)