**Risk Minimisation Plan**

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| Childs Name: | |  | | | | | | | | | |
| Gender: |  | | | D.O.B: |  | Room: | | | |  | |
| Days of attendance: | | | Mon □ Tue □ Wed □ Thurs □ Fri □ | | | Medical Management plan provided by parent’s **Y/N** | | | | | |
| Medical condition: | | |  | | | | | | | | |
| Name of Medication kept on premises: | | |  | | | | | Medication Expiration date: | | |  |
| Medication Storage location: | | |  | | | | | | | | |
| Known triggers or allergens: | | |  | | | | | | | | |
| Parent/carer contact: | | | Name: | | | | | | Name: | | |
| Relationship to child: | | | | | | Relationship to child: | | |
| Home phone: | | | | | | Home Phone: | | |
| Mobile Phone: | | | | | | Mobile Phone: | | |
| Work Phone: | | | | | | Work Phone: | | |
| Authorised nominee for medical treatment and emergencies: | | | Name: | | | | | | Relationship to child: | | |
| Home Phone: | | | | | | Mobile Phone: | | |
| Work Phone: | | | | | |  | | |
| Medical Practitioner: | | | Name of Practice: | | | | | | | | |
| Doctor’s name: | | | | | | Contact number: | | |
| Address: | | | | | | | | |
| Parents Signature: | | |  | | | | Date: | | | | |
| Coordinator’s /2IC Signature: | | |  | | | | Date | | | | |
| Educators Signature | | |  | | | | Date: | | | | |

**Risk Minimisation Strategy Plan**

To be completed by educator alongside parents & coordinator/2IC, reviewed and signed every three months.

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| **Risk** | **Strategy** | **Parent Signed Dated** | **Educator Signed Dated** |
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| **Review Notes:** | | | |
| **Date:** | **Comments:** | **Educator Signature** | **Parent Signature** |
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**Supporting Risk Minimisation Plan**

**Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan alongside parents and educators**

* 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 triggers 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 have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
* Who else needs training in the use of asthma emergency equipment?
* Do you have a second Asthma Emergency Kit for excursions?
* What happens if a child’s reliever medication and spacer are not brought to the service?
* Does the child have any other health conditions, such as allergies or anaphylaxis?
* Do they have an Action Plan and Risk Minimisation plan for each health condition?
* Do plants around the service attract bees, wasps or ants?
* Have you considered planting a low-allergen garden?
* Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
* Could traces of food allergens be present on craft materials used by the children? (*e.g.* egg cartons, cereal boxes, milk cartons)
* Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
* Do your staff use heavy perfumes or spray aerosol deodorants while at work?