

Bug-A-Lugs School Aged Care

Risk minimisation plan and communication plan for children at risk of Asthma

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of Asthma.

Childs Name DOB ___/___/___

In relation to the child at risk: (Complete with Parent/s)	Yes	No	N/A	Person Responsible	Risk Management strategies
What allergens in the Bug-A-Lug program need to be minimised? E.g. dust, pollen, mould, chemicals, aerosols, etc					
Has your child's management plan been reviewed and signed off by a medical practitioner in the last 12 months or when there have been changes?					
Has your child's enrolment form including emergency contacts been updated in the last 12 months?					
Does your child need to be monitored during times of exercise? eg. running, ball games etc					
Does your child require increased supervision on special occasions such as excursions or workshops, specifically in high pollen season or outings of high activity?					
Should contact with animals be restricted and closely supervised?					
Does your child stay indoors on high pollen, high air pollution days?					
Is your child's asthma heightened during times of colds or flu?					
Can certain plants/gardens trigger an attack?					
Is your child's Asthma triggered by food or food additives? If the answer is YES,					
Should bottles, other drinks and lunch boxes, including any treats provided by you be clearly labelled with the child's name?					
Is there a risk to your child should children in care share food, food utensils and containers?					
Will you provide a safe treat box for your child?					

In relation to the child at risk: (Complete with Parent/s)	YES	NO	N/A	Person Responsible	Risk Management Strategies
Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children					

the parent/guardian of a child at risk of asthma and these foods should be consistent with the risk minimisation plan E.g. play, celebrations etc.					
Use the risk minimisation plan to inform food purchases when planning cooking experiences					
Ask families not to send food containing specified allergens or ingredients as determined in the risk minimisation plan					
Inform all families and the service community that a child at risk of asthma (if triggered by food or food additives) is in care and ask that the items identified in the asthma management plan and the risk minimisation plan are not provided					
Notify families of any cooking experiences included in the program and obtain written authorisation from the parent of the child with asthma.					
Determine if the child can only eat food that has been specifically prepared for him/her					
Ensure that no child who has been prescribed asthma medication is permitted to attend the program without their medication and device					

<p>COMMUNICATION PLAN: (Bug-A-Lugs staff to complete with BOTH Parent and Program Educator(s))</p> <ul style="list-style-type: none"> • Staff are responsible for managing and maintaining regular updates about the asthma, sourcing information for program Educator(s) who have a child at risk of asthma in care. This includes reviewing all policy documents annually. <p>The parent/guardian is responsible for informing the program Educator(s) of any changes to the child's risk minimisation plan and asthma medical management plan. These changes must be signed off by the treating doctor and a copy provided to the service.</p> <p>The program Educator will inform all families and the service community that a child at risk of asthma is in care and will endeavour to minimise the items identified in the asthma management plan and the risk minimisation plan, wherever possible.</p> <p>Additional Comments from Parents</p>

I have read the Asthma policy and agree to the terms of the risk management plan.

This plan was developed/reviewed in consultation with the parent/guardian on ___/___/_____, ___/___/_____, ___/___/_____ and ___/___/_____.

Signature of Parent/Guardian.....

Printed name.....

Signature of Bug-A-Lugs staff member.....

Printed name.....

*Method of communication with Family: **Meeting/Phone/Email**

Reference: www.asthmafoundation.org.au