# Kidzone Risk Minimisation Plan - Asthma

This is our “**Risk Minimisation 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.

|  |
| --- |
| **Child details** |
| Surname: ......................................................... Given names: ...............................................................Date of birth: ......../......../........ Age: ......................................................................................................School: .................................................................................................................................................... |

Emergency Contacts:

Name: .................................................................. Relationship to Child: ...............................................

Mobile Number: ................................................ Alternative Contact number: ……………………………….….

Name: ................................................................ Relationship to Child: ................................................

Mobile Number: ................................................ Alternative Contact number: ………………………………….

|  |
| --- |
|  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In relation to the child:*To be completed with the parent(s).* | Yes | No | N/A | Person Responsible*Child/Parent/Educators* | Risk Management Strategies |
| Has your child’s enrolment form including emergency contacts been updated in thelast 12 months? |  |  |  |  |  |
| 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? |  |  |  |  |  |
| What allergens at Kidzone need to be minimised? E.g. dust, pollen, mould, chemicals, aerosols, etc |  |  |  |  |  |
| Does your child need to be monitored during times of exercise? e.g. 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/or 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? |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In relation to the child:*To be completed with the parent(s).* | Yes | No | N/A | Person Responsible*Child/Parent/Educators* | Risk Management Strategies |
| *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 Kidzone will:*To be completed with the parent(s).* | Yes | No | N/A | Person Responsible*Child/Parent/Educators* | Risk Management Strategies |
| Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending onthe 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 servicecommunity 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 cookingexperiences 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 withouttheir medication and device |  |  |  |  |  |

|  |
| --- |
| **Communication Plan (Kidzone staff to complete with Parent)** |

**Kidzone** isresponsible for managing and maintaining regular updates asthma, sourcing information for Educator(s) to maintain the health and safety of any child at risk of asthma in care. This includes reviewing all policy documents annually.

**The parent/guardian** is responsible for informing Kidzone 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 annually and a copy provided to the service.

**Educators** will inform all families and the Kidzone community that a child at risk of asthma is in our care and therefore we are seeking to minimise the any risks identified in the asthma management plan and the risk minimisation plan, wherever possible.

**Additional Comments from Parents:**

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

This plan was developed/reviewed on the \_\_/\_\_/\_\_\_\_\_.

Signature of Parent/Guardian:

Printed name:

Signature of Kidzone OSHC Romsey staff member:

Printed name:

\*Preferred method of communication with Family *(please circle)* : Meeting/Phone/Email

Reference: [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)