



**Good Shepherd**  
Lutheran School | Para Vista



# 2023 Risk Minimisation Plan - Asthma

**To be completed by the parent/ guardian in consultation with the Nominated Supervisor (OSHC Coordinator)**

Regulation 90 of the Education and Care Services National Regulations requires a risk minimisation plan for the management of medical conditions for children enrolled at an education and care service. This is to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised. The care plan should be developed in consultation between the parents/ caregiver of the child and the Nominated Supervisor of Imagination OSHC.

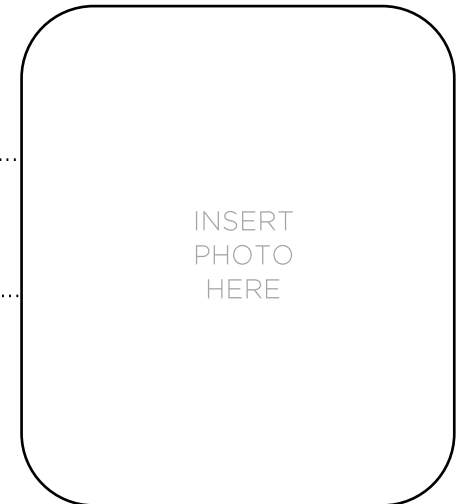
Child's name: .....

Centre name: .....

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Condition/health requirement:

.....  
.....



A medical action plan is required for children who are diagnosed with a asthma. Action plans need to be completed by your medical practitioner.

Please circle:

Has an asthma action plan been submitted to OSHC for this condition?      Yes      No      N/A

Date asthma action plan is due to be reviewed: .....

\* Please note that action plans must be in date. Medical action plans need to be reviewed annually, or as requested by a medical practitioner. Parents/ caregivers will be notified when action plans are due for review, or when medication is about to expire.

Has the medication been provided to OSHC?      Yes      No

Expiry date of medication: .....

Medical practitioner contact details

Name: .....Practice name: .....

Phone number: .....Address:.....

**Frequency of asthma symptoms / reactions** (please circle)

Infrequent (five or less per year)

Seasonally

Monthly

Weekly

Daily

When exercising

When unwell

When exposed to allergen

Other.....

How do you as a parent/ caregiver recognise the symptoms/ reactions? Please describe symptoms:

.....  
.....  
.....

Does your child recognise the symptoms/ reactions? Yes No details:

Please describe your child's symptoms or behaviours that may present when experiencing an asthma attack:

.....  
.....  
.....

## Responding to your child's asthma

At the first sign of symptoms please administer prescribed medicine:

Name of medication:

.....

Dose and method of application: .....

Frequency of application:

.....

Further instructions:

.....

If symptoms increase

Steps to take:

1) .....

2) .....

3) .....

4) .....

5) .....

### **Emergency contact details**

Good Shepherd OSHC will follow the steps outlined in the medical management plan, if the primary carer does not respond, please nominate in order who will be the best person/s to contact:

<b>Priority</b>	<b>Name</b>	<b>Relationship to child</b>	<b>Contact number 1</b>	<b>Contact number 2</b>
1.				
2.				
3.				
4.				

How can the educators at the OSHC service minimise the risks associated with your child's medical condition and what strategies can we implement to avoid triggers?

<b>Triggers</b>	<b>Reaction</b>	<b>Strategies to minimise the risk of exposure/ reaction</b>	<b>Who is responsible?</b>
Example: Asthma Exercise Cold weather Viral	Wheezing, coughing, and tight chest	Using a preventer or minimising activity when it's cold weather	Nominated Supervisor, Educators and family

## Strategies to avoid asthma triggers

- An educator who is trained in anaphylaxis, asthma, and first aid are always on site when students are present
- All medical information including medical action plans, risk minimisation/ communication plans, and medication is easily accessible to all educators at Imagination
- Asthma medication will be taken to any location that the student is playing in, in the OSHC first aid bags. Educators will always have these, especially in locations where there is a high risk of asthma triggers (i.e. the oval, gym, and outside areas)
- The Nominated Supervisor will ensure all medical information and medication will be taken on excursions
- New educators will be briefed on the students' medical information before their shift starts
- The Nominated Supervisor will ensure that all staff are aware of medical procedures, medical information and where medication is stored for each student attending each Before School Care, After School Care, and Vacation Care session
- The students' medication is stored correctly in a locked cupboard in the OSHC room
- The medication will be placed in individual containers which are labelled with student's full name, date of birth, medical information including a clear expiry date of forms and medication
- The students' medication expiry dates will be checked regularly by the Nominated Supervisor and marked off on each individual risk minimisation form quarterly
- A list of all students and medical action plans are stored in the kitchen, in a locked drawer which is clearly displayed when staff are preparing food at OSHC
- Parents will need to consent to the administration of medication on a medication record, and educators will use this form to record any medication given at OSHC.
- Medication agreement form will be attached to the medical action plan and risk minimisation plan for each child

## Checklist

Actions to be completed by Good Shepherd OSHC	Checked	Actions to be completed by family	Checked
Nominated Supervisor will ensure that all educators and students understand the medical conditions for this child		Medical Management Plans are correct and current to ensure the correct information is provided to the centre	
Medical management plan is fully completed and visible for educators in risk areas		If medical condition is food related, have spoken with the coordinator about alternate food options	
The risk minimisation plan is developed and completed with lead educators and family (child is relevant)		The risk minimisation has been developed in consultation with the family and Good Shepherd OSHC	
The Nominated Supervisor will communicate with educators any changes to the child's medical condition		Any changes to their child's medical condition will be communicated immediately to the Nominated Supervisor	
Medication will be stored out of reach of children, but in a recognisable, known location to educators. Medical will be checked to ensure it meets policy requirements		All medications required will always be on the premises the child is in attendance. Medication will be prescribed by a doctor, in date and clearly labelled	
The Nominated Supervisor will communicate the attendance patterns and any changes to educators		Family will ensure that changes of attendance and absences are notified to the centre	
The Nominated Supervisor will ensure the medical management, risk minimisation and communication plan are reviewed annually, or when changes are identified		The medical management, risk minimisation and communication plan will be reviewed annually or when changes are identified	



## Communication Plan

Date	Issue/ concern/ request/ information	Action required	Action by	Communicated to educators

This Medical Condition Risk Minimisation Plan and Communication Plan has been developed with my knowledge and input and will be reviewed at the commencement of Term 1 and 3 of the school year, or as required.

I .....have discussed the details of this risk minimisation and communication plan with .....(name of Nominated Supervisor) at Imagination OSHC and agree to the risk and minimisation and communication strategies outlined above being implemented for my child.

I give permission for this information (including a current photo of my child) to be prominently displayed to staff only near locations where risk is high:

Yes

No

Parent/ guardian signature: ..... Nominated Supervisor signature:.....

Name: ..... Name:.....

Date: ..... Date: .....

This plan will be reviewed annually or when changes are identified. The next planned review date is: \_\_\_\_/\_\_\_\_/\_\_\_\_

Quarterly checks (week one of every term) for date of expiry of medication (**office use only**)

Date: .....Signature: ..... Date: ..... Signature: .....

Date: .....Signature: ..... Date: ..... Signature: .....