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| 1 | Child’s Name |  |
| 2 | Days and times of attendance at centre |  |
| 3 | Known asthma triggers  (describe risk event, situation or issue) |  |
| 4 | Potential sources of exposure to asthmas triggers |  |
| 5 | Strategies/precautions/procedures to be implemented |  |
| 6 | Other health conditions |  |
| 7 | Other Action Plans provided |  |
| 8 | Location of child’s Asthma Action Plan (ensure plan includes photo) |  |

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| 9 | Food/items to be excluded from the centre |  |
| 10 | Staff advised of child’s condition and agreed precautions | Name: Date:  Name: Date:  Name: Date:  Name: Date:  Name: Date:  Name: Date:  Name: Date: |
| 11 | Parent/guardian provided with Ripponlea Kindergarten’s Asthma Policy | Signature: Date: |
| 12 | Parent/guardian advised that child is unable to attend the centre without a reliever puffer medication and spacer | Signature: Date: |
| 13 | Parents/guardians agree to notify centre staff about changes to child’s diagnosis or Risk Minimisation Plan | Signature: Date: |
| 14 | Parent/guardian signed authorisation for staff to administer reliever puffer medication with spacer if required | Name:  Signature:  Date: |
| 15 | Kinder families advised in writing of food/item exclusions | Date: |
| 16 | Notice of food/item exclusions displayed at centre | Date: |
| 17 | Generic Asthma First Aid poster displayed at centre | Date: |
| 18 | Ambulance Victoria “AV How To Call Card” displayed next to telephone at centre | Date: |
| 19 | Copy of Asthma Policy made available to all families | Date: |
| 20 | Asthma Policy available at the centre | Date: |

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| 21 | Staff and volunteer induction process includes information regarding asthma management at Ripponlea Kindergarten, including location of spare reliever puffer medication and spacer, asthma action plans and risk minimisation plans for at risk children | Date: |
| 22 | Date staff completed last mandatory anaphylaxis management training (required every 3 years) | Date: |
| 23 | Review of this risk minimisation plan (ie. following an exposure incident or change to plan) | Date:  Date: |
| 24 | Date this risk minimisation plan completed | Date: |
| 25 | Staff member completing plan | Name:  Signature: |
| 26 | Parent/guardian completing plan | Name:  Signature: |