Individualised Asthma Care Plan

To be accompanied with the Asthma Care Plan

SECTION A – Child details – This section is to be completed by parent/guardian

Name:	Gender:	Date of birth:
Address:	Room:	
	Nominated supervisor:	

Parent/guardian contact details	Medical contact details
Name: Relationship to child: Phone:	Doctor: Medical Centre/Practice name: Phone:
Name: Relationship to child: Phone:	

SECTION B – Child health care planning – This section is to be completed by parent/guardian

Predominant Trigger/s Specific to My Child:

For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc.

Other Triggers:

Other Specific health care needs or diagnosed medical condition:

SECTION C – Risk Minimisation Planning – This section is to be completed in consultation with parent/guardian

What educators, staff and volunteers will do to minimise effect of Asthma triggers (Tick all that apply)

Risk	Strategy	Who is Responsible?
Asthma attack occurring	☐ Anaphylaxis, asthma and first aid trained educators are on the premises at all times.	
Staff/visitors unaware that child has asthma and the triggers	☐ The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with parents, educators and volunteers (during induction)	
	☐ There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.	
	☐ The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.	

Unable to provide asthma medication	☐ Parents are required to authorise administration of medication on child's medication record, and educators will complete administration of medication record whenever medication is provided.	
	☐ A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in child file/OWNA.	
Staff/volunteers are not able to identify children with Asthma	☐ The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.	
	☐ The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places to alert all staff, volunteers and student	
	☐. Induction will be conducted of any staff/visitors advising where information about children is kept	
Dust triggers asthma	☐. Service will be cleaned daily to reduce allergens	
	☐. Service will use damp cloths to dust so it's not spread into the atmosphere	
Food triggers asthma	☐. Child will be supervised to prevent movements from hot or warm environments to cold environments	
	☐. Educators to clean tables and floors of any dropped food as soon as practical	
	☐. Child will be supervised while other children are eating and drinking	
	☐. The child will only eat food prepared and bought to the service by the parents	
	☐. The child's food items will be labelled clearly.	
	☐. Educators may refuse to give the child unlabelled food	
	☐. Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks, etc	
Pets trigger asthma	☐. Child will not feed pets and they will be kept in their homes away from the child.	

☐ Other *(please specify):*

Trigger	Risk	Strategy	Who is Responsible?

SECTION E – ASTHMA Action Plan – This section is to be completed by parent/guardian

Date ASCIA Action Plan completed by doctor or nurse practitioner:

Date of next review:

A copy of the child's ASCIA Action Plan completed by the child's doctor or nurse practitioner must be attached to this document.

SECTION F – Agreement – This section is to be completed by the CEC nominated supervisor and parent/guardian

This agreement authorises CEC staff to follow the advice of the child's parent/guardian as set out in this child's individualised anaphylaxis care plan. It is valid for one year or until the parent/guardian advises the CEC service of a change in their child's health care requirements.

OCK nominated supervisor name: **Signature:** **Date:**	**Parent/guardian name:** **Signature** **Date:**
Review date:	