



ASTHMA MANAGEMENT POLICY

PURPOSE

This policy will outline the procedures to:

- Ensure Early Childhood Teachers (ECT)/educators, staff and families are aware of their obligations and the best practice management of asthma at Kensington Community Children's Cooperative (KCCC)
- Ensure that all necessary information for the effective management of children with asthma enrolled at KCCC is collected and recorded so that these children receive appropriate attention when required
- Make clear the requirements for Medical Management Plans that are provided by parents/guardians for the child
- Ensure Asthma Action Plans are provided by parents/guardians for the child prior to commencement
- Develop risk-minimisation and Communication Plans with parents/guardians
- Respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service
- Ensure ECTs/educators, staff and families follow the advice from Emergency Management Victoria associated with thunderstorm asthma event

VALUES

Kensington Community Children's Co-operative is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, families and any other person(s) dealing with children enrolled at the service.

SCOPE

This policy applies to Kensington Community Children's Cooperative Limited as the Approved Provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of KCCC, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While KCCC recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and registered medical practitioner

IMPLEMENTATION

THE APPROVED PROVIDER, PERSONS WITH MANAGEMENT OR CONTROL, NOMINATED SUPERVISOR AND PERSONS IN DAY-TO-DAY CHARGE ARE RESPONSIBLE FOR:

- Providing all staff with access to the service's *Asthma Management Policy*, and ensuring that they are aware of asthma management strategies upon employment at the service
- Providing families with access to the service's *Asthma Management Policy* and *Dealing with Medical Conditions Policy* upon enrolment of their child



- Ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- Providing Approved Emergency Asthma Management (EAM) training to staff as required under the *National Regulations*
- Ensuring at least one staff member with current Approved Emergency Asthma Management (EAM) training is on duty at all times
- Ensuring that all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current (within the previous 3 years), meet the requirements of the *National Law and National Regulations*, and are approved by ACECQA
- Maintaining current Approved Emergency Asthma Management (EAM) qualifications
- Ensuring the details of Approved Emergency Asthma Management (EAM) training is included on the staff record
- Organising asthma management information sessions for families of children enrolled at the service, where appropriate
- Acting on advice and warnings from the Department of Education's (DE) Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families
- Implementing procedures to avoid exposure associated with a potential thunderstorm asthma such as staying indoors with windows and doors closed
- Identifying children with asthma during the enrolment process and informing staff
- Ensuring families provide a copy of their child's Asthma Action Plan, in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service. The Asthma Action Plan should be reviewed and updated at least annually
- Developing a Risk Minimisation Plan for every child with asthma, in consultation with families
- Developing and implementing a Communication Plan ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families
- Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the Communication Plan, to ensure current information is shared about specific medical conditions within the service
- Ensuring a copy of the child's Asthma Action Plan is accessible and known to staff in the service. Prior to displaying the Asthma Action Plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent
- Ensuring that all children with asthma have an Asthma Action Plan, Risk Minimisation Plan and Communication Plan filed with their enrolment record
- Consulting with the families of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities
- Compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Action Plan for each child
- Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the Asthma First Aid Kit
- Ensuring that medication is administered in accordance with the child's Asthma Action Plan and the *Administration of Medication Policy*
- Ensuring a medication record is kept for each child to whom medication is to be administered by the service



- Ensuring families of all children with asthma provide Reliever Medication and a Spacer (including a child's face mask, if required) at all times their child is attending the service
- Implementing an asthma first aid procedure consistent with current national recommendations
- Ensuring that all staff are aware of the asthma first aid procedure
- Ensuring adequate provision and maintenance of Asthma First Aid Kits
- Ensuring the expiry date of Reliever Medication is checked regularly and replaced when required, and that Spacers and face masks that are from the services first aid kits are replaced after every use
- Facilitating communication between management, ECT, educators, staff and families regarding the service's *Asthma Management Policy* and strategies
- Identifying and minimising Asthma Triggers for children attending the service as outlined in the child's Asthma Action Plan, where possible
- Ensuring that children with asthma are not discriminated against in any way
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma
- Ensuring that children with asthma can participate in all activities safely and to their full potential
- Immediately communicating any concerns with families regarding the management of children with asthma at the service
- Displaying Asthma Australia's Asthma First Aid poster in key locations at the service
- Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- Ensuring an Asthma First Aid Kit is taken on all excursions and other offsite activities

EARLY CHILDHOOD TEACHERS, EDUCATORS AND OTHER STAFF ARE RESPONSIBLE FOR:

- Maintaining current Approved Emergency Asthma Management (EAM) qualifications
- Acting on advice and warnings from the Department of Education's (DE) Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families
- Implementing procedures to avoid exposure associated with a potential thunderstorm asthma such as staying indoors with windows and doors closed
- Developing a Risk Minimisation Plan for every child with asthma, in consultation with families
- Developing and implementing a Communication Plan ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with families
- Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the Communication Plan, to ensure current information is shared about specific medical conditions within the service
- Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities
- Compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Action Plan for each child
- Ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Action Plans and the Asthma First Aid Kit
- Ensuring that medication is administered in accordance with the child's Asthma Action Plan and the *Administration of Medication Policy*



- Ensuring a medication record is kept for each child to whom medication is to be administered by the service
- Implementing an asthma first aid procedure consistent with current national recommendations
- Ensuring the expiry date of Reliever Medication is checked regularly and replaced when required, and that Spacers and face masks that are from the services first aid kits are replaced after every use
- Identifying and minimising Asthma Triggers for children attending the service as outlined in the child's Asthma Action Plan, where possible
- Ensuring that children with asthma are not discriminated against in any way
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma
- Ensuring that children with asthma can participate in all activities safely and to their full potential
- Immediately communicating any concerns with families regarding the management of children with asthma at the service
- Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- Ensuring an Asthma Emergency Kit is taken on all excursions and other offsite activities

FAMILIES ARE RESPONSIBLE FOR:

- Providing a copy of their child's Asthma Action Plan, in consultation (if possible) with their registered medical practitioner, following enrolment and prior to the child commencing at the service. The Asthma Action Plan should be reviewed and updated at least annually
- Participating in the development of a Risk Minimisation Plan for every child with asthma, in consultation with service staff
- Participating in the development and implementation of a Communication Plan ensuring that relevant staff members and volunteers are informed about the child medical conditions policy, the Asthma Action Plan and Risk Minimisation Plan for the child in consultation with service staff
- Ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the service
- Ensuring a copy of the child's Asthma Action Plan is accessible and known to staff in the service
- Notifying staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record
- Providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- Consulting with service staff in relation to the health and safety of their child, and the supervised management of the child's asthma
- Providing Reliever Medication and a Spacer (including a child's face mask, if required) at all times their child is attending the service

CONTRACTORS, VOLUNTEERS AND STUDENTS ARE RESPONSIBLE FOR:

- Maintaining current Approved Emergency Asthma Management (EAM) qualifications
- Acting on advice and warnings from the Department of Education's (DE) Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families



- Implementing procedures to avoid exposure associated with a potential thunderstorm asthma such as staying indoors with windows and doors closed
- Supporting educators to ensure that children with asthma are not discriminated against in any way
- Supporting educators to ensure programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma
- Supporting educators to ensure that children with asthma can participate in all activities safely and to their full potential
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma

BACKGROUND

Asthma is a chronic, treatable health condition that affects approximately one in nine Australian children and is one of the most common reasons for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and families about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The approved provider will ensure that there is at least one educator on duty at all times who has current Approved Emergency Asthma Management training in accordance with the *Education and Care Services National Regulations 2011 (Regulation 136(c))*. As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved emergency asthma management training.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS



S.165	Offence to inadequately supervise children
S.167	Offence relating to protection of children from harm and hazards
S.172	Failure to display prescribed information
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
101	Conduct of risk assessment for excursion
136	First Aid qualifications
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
175	Prescribed information to be notified to Regulatory Authority

RELATED LEGISLATION

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Health Records Act 2001 (Vic)
National Quality Standards



Privacy Act 1988 (Cth)
Privacy and Data Protection Act 2014 (Vic)
Public Health and Wellbeing Act 2008 (Vic)
Public Health and Wellbeing Regulations 2009 (Vic)

RELATED POLICIES

Administration of Medication Policy Anaphylaxis and Allergic Reactions Policy Dealing with Medical Conditions Policy Emergency and Evacuation Policy	Excursion and Service Events Policy Incident, Injury, Trauma and Illness Policy Privacy and Confidentiality Policy Staffing Policy
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DEFINITIONS

Approved Emergency Asthma Management (EAM) Training	Training that is approved by the National Authority in accordance with Division 7 of the National Regulations and is listed on the ACECQA website: http://www.cecqa.gov.au . EAM training provides knowledge about the underlying causes of asthma, Asthma Triggers, and the recognition and treatment of an asthma attack.
Asthma Action Plan	A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Action Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: www.asthma.org.au (refer to Attachment 2) Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with Reliever Medication.
Asthma First Aid Kit	Kits should contain: <ul style="list-style-type: none"> ● Reliever Medication ● 2 small volume Spacer devices ● 2 compatible children's face masks (for children under the age of four) ● record form ● asthma first aid instruction card. The Asthma Australia recommends that Spacers and face masks are for single use only. It is essential to have at least two Spacers and two face masks in each first aid kit, and these should be replaced once used. These used items can be provided to the child/family as a means of suitability.
Asthma Triggers	Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma Triggers will vary from child to child.
Communication Plan	A written plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The Communication Plan also describes how parents/guardians and staff will be informed about Risk Minimisation Plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.



Medical Management Plans	A Medical Management Plan must be in place for every child enrolled who has a diagnosed health care need
Metered Dose Inhaler (Puffer)	A common device used to administer Reliever Medication.
Puffer	The common name for a Metered Dose Inhaler.
Reliever Medication	This comes in a blue/grey Metered Dose Inhaler containing salbutamol, an ingredient used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever Medication is commonly sold by pharmacies as Airomir, Asmol, Ventolin or Zempreon.
Risk Minimisation Plan	Provides information about child-specific Asthma Triggers and strategies to avoid these in the service
Spacer	A plastic chamber device used to increase the efficiency of delivery of Reliever Medication from a Puffer. It should always be used in conjunction with a Puffer device and may be used in conjunction with a face mask

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Asthma Management Policy* will be reviewed every 3 years or earlier if there are changes to legislation or ACECQA guidance, in consultation with approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians and children.

SOURCES

- Asthma Australia: www.asthma.org.au or phone 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: www.acecqa.gov.au

ATTACHMENTS

- Attachment 1: Asthma Action Plan
- Attachment 2: Asthma First Aid Poster
- Attachment 3: Risk Minimisation Plan
- Attachment 4: Communication Plan

REVIEW

POLICY REVIEWED BY	Megan Newton	Business Support Manager	APRIL 2026
POLICY REVIEWED	MAY 2026	NEXT REVIEW DATE	MAY 2029
ENDORSED BY	KCCC Board	ENDORSEMENT DATE	23/06/2026
VERSION NUMBER	V5.05.26		



MODIFICATIONS	<ul style="list-style-type: none">• Policy has been reviewed as per schedule
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Attachment 1: Asthma Action Plan

Photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor

Name:

Plan date: **Review date:**

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

😊

WELL CONTROLLED is all of these...

- needing reliever medicine no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak flow reading (if used) above

→

TAKE preventer

Name

morning night puffs/inhalations

■ Use my preventer, even when well controlled ■ Use my spacer with my puffer

TAKE reliever

Name

puffs/inhalations as needed puffs/inhalations 15 minutes before exercise

■ Always carry my reliever medicine

😞

FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between and

My triggers and symptoms

→

TAKE preventer

Name

morning night puffs/inhalations for days then back to **well controlled** dose

TAKE reliever

Name puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor same day or as soon as possible

😞

SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between and

My triggers and symptoms

→

TAKE preventer

Name

morning night puffs/inhalations for days then back to **well controlled** dose

TAKE reliever

Name puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor TODAY

■ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc

😞

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below

→

1

000

CALL AMBULANCE NOW

Dial Triple Zero (000)

2

📄

START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using an anti-inflammatory reliever, your doctor will discuss the correct plan for you. v19 Updated 22 May 2025

ATTACHMENT 2: Asthma First Aid Poster

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a **known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1

SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2

GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
 - Repeat until **4 separate puffs** have been taken

If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until **2 separate inhalations** have been taken

If you don't have a spacer handy in an emergency, take **1 puff** as you take **1 slow, deep breath** and hold breath for as long as comfortable. **Repeat** until all puffs are given

3

WAIT 4 MINUTES

- If breathing does not return to normal, give **4 more separate puffs** of reliever as above

Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4

DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives

Bricanyl: Give 1 more inhalation **every 4 minutes** until emergency assistance arrives



ATTACHMENT 3: RISK MINIMISATION TEMPLATE

Kensington Community Children's Co-operative



MEDICAL RISK MINIMISATION PLAN

CHILD DETAILS					
Child's Name					
Room		Date of Birth			
Start Date					
Days Attended: (Please circle)	Monday	Tuesday	Wednesday	Thursday	Friday

MEDICAL CONDITION DETAILS	
Medical Condition	Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Medication <input type="checkbox"/> Allergy <input type="checkbox"/> Other:
Date of medical management plan	
Date of risk minimisation plan	
Additional requirements to be met for inclusion	
Location of medical management plan	

PARENT AND MEDICAL PRACTITIONER DETAILS			
Parent Name		Contact Number	
Medical Practitioner Name		Contact Number	

RECORDS ATTACHED	COMMENTS
<i>Medical Management Plan</i> completed by registered practitioner. (This needs to be completed by families, registered practitioner and nominated supervisor prior to attending the service)	<input type="checkbox"/>
Anaphylaxis Plan or Asthma Plan (if required)	<input type="checkbox"/>
<i>Medical Communication Plan</i>	<input type="checkbox"/>
<i>Notification of Changed Medical Status form</i>	<input type="checkbox"/>

Kensington Community Children's Co-operative Ltd
 Telephone 03 9376 4565
 Website: www.kccc.org.au Email: info@kccc.org.au

Medical Risk Minimisation Plan



Kensington Community Children’s Co-operative



<i>Authorisation to Display the Medical Action Plan</i>	<input type="checkbox"/>	
<i>Administration of Medication Record</i>	<input type="checkbox"/>	

MEDICATION AUDIT	YES	NO	COMMENTS
<i>Medical management plan and risk minimisation plan reviewed annually</i>			
<i>Medical conditions of child recorded on enrolment form</i>			
<i>Medical Conditions Policy issued on enrolment</i>			
All staff during orientation and induction have read and understand the following medical conditions policies and procedures. <ul style="list-style-type: none"> • <i>Managing a Medical Conditions Procedure</i> • <i>Medical Management Plan</i> • <i>Risk Minimisation Plan</i> • <i>Communication Plan</i> • <i>Enrolment Form Inclusions</i> • <i>Authorisation to display the Medical Action Plan</i> • <i>Notification of Changed Medical Status</i> • <i>Administration of Medication Procedure</i> • <i>Administration of Medication Record</i> 			
<i>Training or professional development provided to all educators during developing a risk minimisation plan</i>			
<i>Dietary requirements recorded as part of the medical management plan</i>			
<i>The child’s needs discussed, and arrangements made to ensure inclusion</i>			
<i>Medical management plan displayed in child’s room, staff room, and food preparation areas</i>			
<i>Educators ensure all medications are available whilst child is in attendance</i>			
<i>Educators to ensure all medications are stored appropriately in guidance of medical management plan and Administration of Medication Policy</i>			
<i>Educators and nominated supervisor to ensure medications are in date and have name and prescription sticker attached with child’s name</i>			
<i>Educators to ensure Administration of Medication Record is completed each time medication is given to a child and signed by the parent/guardian each day</i>			
<i>Medication is taken with the child in the event of excursion or emergency</i>			
<i>Educators to follow Administration of Medication Procedure</i>			
<i>Medical management plans and risk minimisation plans are advised to each educator</i>			



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Educators will ensure all casual staff, students, volunteers, Early Intervention Specialists are informed of all <i>medical management plans</i> and <i>risk minimisation plans</i> upon their first attendance			
Nominated supervisor will ensure all kitchen staff are aware of <i>medical management plan</i> and any requirements needed			
<i>Medical communication plan</i> created for all children with a medical condition and method of communication consulted to family			
Staff and educators, including relief staff sign acknowledgement they have been provided with information relating to individual <i>medical management plans</i> and <i>risk minimisation plans</i> . See <i>Medical Management Plan Staff Acknowledgement (Medical Communication Plan)</i>			
Any changes to a <i>medical management plan</i> will be communicated via the <i>medical communication plan</i> and the <i>Notification of Changed Medical Status</i> from the parent/guardian			
Nominated supervisor routinely checks the <i>medical communication plan</i> and <i>Notification of Changed Medical Status</i> and conducts a review of the child's <i>medical management plan</i>			
A notice is displayed at the main entrance of the Service stating a child is enrolled that has been diagnosed at risk of anaphylaxis (if required)			

DOCUMENTS TO BE ISSUED TO PARENTS/GUARDIANS	YES	NO	COMMENTS
<i>Medical Conditions Policy</i>			
Any further relevant policies such as <i>Anaphylaxis Policy, Diabetes Management Policy or Asthma Policy</i>			
<i>Medical Management Plan</i> to be taken to the Child's registered practitioner			
<i>Administration of Medication Record</i>			
<i>Notification of Changed Medical Status form</i>			
<i>Authorisation to Display the Medical Action Plan</i>			

ASSESSING AND MINIMISING RISK		
RISK: What are the issues or triggers <i>and/or</i> actual/potential situations that could lead to a medical emergency?	STRATEGY: What can be done to reduce these risks? What resources are needed?	WHO: Who needs to be included in the process? Why?



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PRACTICES AND PROCEDURES IN RELATION TO SAFE HANDLING, PREPARATION, CONSUMPTION AND SERVICE OF FOOD (if applicable)	
	Dietary Modification: Unsafe foods & meals:
	Safe foods & meals:

MEDICATION CHECK	
Medication Name	
Medication Expiry Date	
Dose of Medication	

Kensington Community Children's Co-operative Ltd
 Telephone 03 9376 4363
 Website: www.kccc.org.au Email: info@kccc.org.au

Medical Risk Minimisation Plan



Method of Administration	
Frequency of Medication	
Date of Medication Check	
Next Review Date	

COMMENTS

<i>Medical Management Plan, Risk Minimisation Plan and Communication Plan checked by:</i>			
PARENT/ GUARDIAN NAME		DATE	
PARENT/ GUARDIAN SIGNATURE			
NOMINATED SUPERVISOR NAME		DATE	
NOMINATED SUPERVISOR SIGNATURE			

ATTACHMENT 4: COMMUNICATION PLAN TEMPLATE



MEDICAL COMMUNICATION PLAN

This communication plan has been developed to ensure that relevant staff members and educators are informed about the *Medical Conditions Policy*, the *Medical Management Plan* and *Risk Minimisation Plan* for individual children and to outline avenues of communication between families and the Service (Reg. 90 (1)(iv)).

Section 1: Communication strategies

Section 2: Communication Plan – Families and employees are to document any changes to the child’s medical management plan

Section 3: Medical Management Plan Staff Acknowledgement – Evidence of staff and educator awareness and adherence to individual medical management plans.

COMMUNICATION STRATEGIES				
PROVIDED TO	DETAILS	TIMEFRAME	PERSON RESPONSIBLE	RESOURCES
New Families	Families are verbally informed about the Service’s management of the <i>Medical Conditions Policy</i> Families are provided a copy of, or directed to a copy of the <i>Medical Conditions Policy</i> and other relevant policies including <i>Anaphylaxis Management Policy</i> , <i>Asthma Management Policy</i> , etc	On enrolment	Nominated supervisor Families to notify nominated supervisor	<ul style="list-style-type: none"> <i>Medical Conditions Policy</i>
Service staff and educators	Staff and educators are informed about the Service’s procedures and policies during induction and orientation programs in relation to managing children with diagnosed health care needs, allergies and medical conditions. Staff and educators are informed of individual <i>medical management plans</i> and <i>risk minimisation plans</i> for all children	Induction and orientation process	Nominated supervisor	<ul style="list-style-type: none"> <i>Medical Management Plan</i> <i>Risk Minimisation Plan</i> <i>Communication Plan</i>

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Medical Communication Plan



	enrolled at the Service and understand strategies and practices in relation to managing diagnosed health care needs, allergies and medical conditions All staff and educators are informed of and are familiar with <i>medical management plans</i> and <i>risk minimisation plans</i> through displays within staff only areas.	Ongoing as relevant and upon enrolment of new children		
Service staff and educators	Staff and educators are required to sign acknowledgement they have been provided with information relating to individual <i>medical management plans</i> and <i>risk minimisation plans</i> relating to children's health care needs, allergies, and medical conditions. See <i>Medical Management Plan Staff Acknowledgement (located on the Communication Plan)</i>	Ongoing as relevant and upon enrolment of new children	Nominated supervisor, staff and educators	<ul style="list-style-type: none"> • <i>Medical Management Plan</i> • <i>Risk Minimisation Plan</i> • <i>Communication Plan</i>
Relief Staff, Students, Volunteers, Early Intervention Specialists	All stakeholders are informed of and are familiar with any <i>Medical Management Plans</i> and <i>Risk Minimisation Plans</i> Relief Staff and educators are required to sign acknowledgement they have been provided with information relating to individual <i>medical management plans</i> and <i>risk minimisation plans</i> relating to children's health care needs, allergies, and medical conditions. See <i>Medical Management Plan Staff Acknowledgement (located on the Communication Plan)</i>	Initial contact with the Service. E.g. orientation process, first visit	Nominated supervisor, relief staff, educators	<ul style="list-style-type: none"> • <i>Medical Management Plan</i> • <i>Risk Minimisation Plan</i> • <i>Communication Plan</i>
Families of children who have been diagnosed with a medical condition	Families are requested to complete a <i>Notification of Changed Medical Status</i> form upon new diagnosis of new health care need, allergy, or medical condition	Upon learning that the child has a diagnosed medical condition	Families to notify nominated supervisor, staff and educators	<ul style="list-style-type: none"> • <i>Notification of Changed Medical Status</i>



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<p>Ongoing Communication for existing Medical Conditions</p>	<p>Implement all strategies identified in the <i>Medical Conditions Policy</i> Families must comply with the <i>Medical Conditions Policy</i> and communicate with educators about their child's individual needs and any changes to the <i>medical management plan</i>. (complete <i>communication plan</i> below)</p>	<p>Regularly as required</p>	<p>Families to notify nominated supervisor/ lead educator</p>	<ul style="list-style-type: none"> • <i>Medical Conditions Policy</i> • <i>Communication Plan</i>
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Medical Communication Plan

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MEDICAL COMMUNICATION PLAN

Families must communicate with staff and educators about their child's individual needs and any changes to the *medical management plan or risk minimisation plan*, record any changes to the child's individual needs below.

CHILD'S NAME	DATE	ROOM NAME
NOTES:		
PARENT/ GUARDIAN NAME	SIGNATURE	
EDUCATOR NAME	SIGNATURE	

CHILD'S NAME	DATE	ROOM NAME
NOTES:		
PARENT/ GUARDIAN NAME	SIGNATURE	
EDUCATOR NAME	SIGNATURE	

