



Albany Hills Outside School Hours Care
 Keong Road, Albany Creek 4035
 Ph 3325 3204
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Asthma Risk Minimisation Plan

Student's name: _____	
Date of birth: _____	Year level: _____

TRIGGERS (please tick)	RISK (please circle)	SERVICE RISK MINIMISATION STRATEGIES
<input type="checkbox"/> Colds and flu	Low Moderate High	Parents to notify service if child is unwell so they can be monitored Child will be offered quiet activities whilst
<input type="checkbox"/> Smoke and bush fires	Low Moderate High	Time the child spends outside to be minimised Whilst indoors, windows/doors will be closed Child will be regularly monitored Do regular checks with the council regarding prior warning for controlled burns
<input type="checkbox"/> Exercise	Low Moderate High	Child will be monitored and reminded to take regular breaks Administer inhaler prior to exercise if Action Plan states
<input type="checkbox"/> Inhaled allergens	Low Moderate High	Keep all areas clean to minimise dust, service is vacuumed and swept daily Be mindful of long exposure to outside allergens
<input type="checkbox"/> Changes in temperature and weather	Low Moderate High	Keep room at consistent temperatures Remind child to adjust clothing to suit the weather
<input type="checkbox"/> Medication	Low Moderate High	Medication is not given to child unless previously authorised by a parent or guardian All medication must be supplied in original container with a Chemist label, displaying child's name and recommended dosage
<input type="checkbox"/> Chemicals and strong smells	Low Moderate High	Chemicals not to be used in close proximity to child Staff to be mindful of using strong perfumes/deodorants
<input type="checkbox"/> Emotional stress or laughter	Low Moderate High	Communication with parents is ongoing Close monitoring of child during high trigger times
<input type="checkbox"/> Foods or food preservatives	Low Moderate High	Child to bring food from home Service to offer foods with minimal/no preservatives Educators will discourage sharing of foods
<input type="checkbox"/> Unknown <input type="checkbox"/> Other	Low Moderate High	

Parent name: _____ Signature: _____ Date: __/__/__