**Individual Asthma Risk Minimisation Plan**

This plan is to be completed by the principal or nominee on the basis of information from the student’s medical practitioner (Asthma Action Plan) provided by the parent.

It is the parents’ responsibility to provide the school with a copy of the student’s Asthma Action Plan containing the emergency procedures plan and current photo of the student - to be appended to this plan; and to inform the school if their child’s medical condition changes.

Parent/Carer to complete areas in red.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School** | | CAULFIELD JUNIOR COLLEGE | | | | | | **Phone** |  | | | 03 9509 6872 |
| **Student** | |  | | | |  | | | | | | |
| **Date of Birth** | |  | | | | | | **Year Level** |  | | |  |
|  | | | **Known asthma triggers** | | | | | | | | | |
|  | | | **Other health conditions** | | | | | | | | | |
|  | | | **Medication at school** | | | | | | | | | |
|  | | | **Emergency Contact Details (Parent/Carer)** | | | | | | | | | |
| **Name** |  | | | | **Name** | | |  | | |  | |
| **Relationship** |  | | | | **Relationship** | | |  | | |  | |
| **Phone - Home** |  | | | | **Phone - Home** | | |  | | |  | |
| **Phone - Mobile** |  | | | | **Phone - Mobile** | | |  | | |  | |
| **Address** |  | | | | **Address** | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | **Emergency Contact Details alternate)** | | | | | | | | | |
| **Name** |  | | | | **Name** | | |  | | |  | |
| **Relationship** |  | | | | **Relationship** | | |  | | |  | |
| **Phone - Home** |  | | | | **Phone - Home** | | |  | | |  | |
| **Phone - Mobile** |  | | | | **Phone - Mobile** | | |  | | |  | |
| **Address** |  | | | | **Address** | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | **Medical Practitioner** | | | | | | | | | |
| **Name** |  | | | | **Phone** | |  | | |  | | |
|  | | |  | | | | | | | | | |
| **Emergency care to be provided at school** |  | | | Refer individual Asthma Action Plan. | | | | | | | | |
| **Storage of reliever medication/ device** |  | | | Refer CJC Asthma Policy.  [Link to Policy on CJC Website.](https://www.caulfieldjc.vic.edu.au/_files/ugd/601b61_7e9e273f95ca4bfa86f01ae7b623c8d5.pdf) | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Environment** | | | |
| **Caulfield Junior College – DET Vic Primary School** | | | |
| **Name of environment/area** | **SCHOOL DAY** | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
| **School day.** | Detailed Asthma Policy. | All staff  [Link to Policy on CJC Website.](https://www.caulfieldjc.vic.edu.au/_files/ugd/601b61_7e9e273f95ca4bfa86f01ae7b623c8d5.pdf) | Annual Review |
| **Name of environment/area** | **SCHOOL DAY** | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
| **Atmospheric Contaminants.**  Air quality - Exposure to smoke (cigarette and bushfire), dust including silica, gases and hazardous fumes etc. | • Alerts set in the VicEmergency app for air quality  • Smoking and Vaping banned on all school property and grounds • Students have up-to-date student health support plans and, if applicable, asthma action plans • First Aid trained staff  Installation of smoke and/or fire detection systems  • Installation of air purifiers and mechanical ventilation/extraction systems • Provision of hand washing facilities • Appropriate labelling, storage, segregation and handling of Dangerous Goods and Hazardous Substances • Preventative maintenance program (Rolling Facilities Evaluation) | Supervising Staff | Ongoing |
| **Name of environment/area** | **SCHOOL DAY** | | |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
| **Grounds and Outdoor Excursions.**  Allergic reactions or envenomation from animal and insects (e.g. snakes, spiders, wasps etc.) and (e.g. hay fever, grass allergies etc.) | • Alternative activities for students on high pollen count days • Awareness training for employees and students • Display asthma first aid poster from national asthma org or similar • Engagement of animal control or removalists • First Aid trained staff • Grounds maintenance program to keep grass and gardens managed  • Hazard and Incident reporting procedure • Installation of synthetic grass • Medical information and records for each student  • Monitor alerts for thunderstorm asthma events • Procedure for isolation and removal of animals (e.g. snake, bees, wasps)  • Selection and planting of low irritant/non poisonous varieties of plants | Supervising Staff | Ongoing |
| **Name of environment/area** | **SCHOOL DAY** |  |  |
| **Risk Identified** | **Actions taken to minimise risk** | **Responsible** | **Completion date** |
| **Individual Student information to be supplied by parent/carer.** | **Parent/Carer to complete.** | Supervising Staff | Ongoing |

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

* annually
* if the student’s medical condition, insofar as it relates to asthma management, changes
* as soon as practicable after the student experiences a severe/life-threatening asthma attack at school
* when the student is to participate in an off-site activity, such as camp or excursion, or at special events, conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

**I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.**

**I consent to the risk minimisation strategies proposed herein.**

|  |  |
| --- | --- |
| **Signature of parent/carer** |  |
| **Date** |  |
| **Signature of parent/carer** |  |
| **Date** |  |
| I have consulted the parents/carers of the student and relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan. | |
| **Signature of Principal (or nominee)** |  |
| **Date** |  |