



# SCHOOL ASTHMA ACTION PLAN



This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please tick (✓) the appropriate answers where indicated.

This school is collecting information on your child's asthma so that we can better manage their condition in our care. The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child at school. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy 2003.

ST. THOMA  
DRYSDALE  
DUMNIA POSSIBILI



# SCHOOL ASTHMA ACTION PLAN

Australian Government  
Department of Health and Ageing

## Asthma First Aid Plan

Student's Name \_\_\_\_\_

Gender M  F  Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Form/Class \_\_\_\_\_

Emergency Contact (e.g. Parent/Carer) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (B/H) \_\_\_\_\_ Mobile \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Ambulance Subscriber Y  N  Subscriber no. \_\_\_\_\_

Medicare No. \_\_\_\_\_

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of Department of Education and Training's Victorian Government Schools' Reference Guide.

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
  2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs, through a spacer (spacer technique - 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
  3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
  4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that "a student is having an asthma attack".
  5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.
- If at any time the student's condition suddenly worsens, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

## USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma	Worsening signs of child's asthma	What triggers the child's asthma?
Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Other (please describe) _____	Increased signs of: Wheezing <input type="checkbox"/> Tightness in chest <input type="checkbox"/> Coughing <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Other (please describe) _____	Exercise <input type="checkbox"/> Colds/Viruses <input type="checkbox"/> Pollens <input type="checkbox"/> Dust <input type="checkbox"/> Other Triggers (please describe) _____

Does your child need assistance taking their medication? Y  N

**Asthma medication requirements usually taken at school:**  
(including preventers, symptom controllers, combination medication, medication before exercise)

Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When, and how much?

Is your child on regular preventer medication taken at home? Y  N

Please tick (✓) preferred First Aid Plan:

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack at school, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's / Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Doctor's Provider Number: \_\_\_\_\_

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management please contact: Asthma Victoria on (03) 9326 7088 or Toll Free 1800 645 130 or visit our web site [www.asthma.org.au](http://www.asthma.org.au)