

# SCHOOL ASTHMA ACTION PLAN



This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. This school is collecting information on your child's asthma so we can better manage asthma while your child is 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 (Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).



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

**Gender** M  F  **Age** \_\_\_\_\_ **Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Form/Class** \_\_\_\_\_

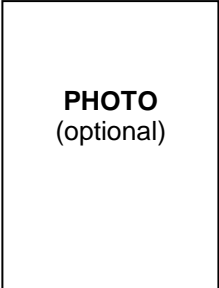
**Emergency Contact (e.g. Parent/Carer)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

**Ambulance Subscriber** Yes  No  **Subscriber number** \_\_\_\_\_

**Does this student have any other health plans?** Yes  No  If so what are they? \_\_\_\_\_



## USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma	Worsening signs of student's asthma	What triggers the student's asthma?
Wheeze _____	Increased signs of:	Exercise _____
Tightness in chest _____	Wheeze _____	(refer to managing EIA)
Coughing _____	Tightness in chest _____	Colds/Viruses _____
Difficulty breathing _____	Coughing _____	Pollens _____
Difficulty speaking _____	Difficulty breathing _____	Dust _____
Other (please describe) _____	Difficulty speaking _____	Other Triggers (please describe) _____
	Other (please describe) _____	

### Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. **THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES** and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

**Does the student need assistance taking their medication?** Yes  No  If yes, how? \_\_\_\_\_

**Asthma medication requirements usually taken:** (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Flixotide, Ventolin)	Method (e.g. puffer & spacer, dry powder inhaler)	When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise)

# SCHOOL ASTHMA ACTION PLAN



## Asthma First Aid Plan



Please tick preferred Asthma First Aid Plan

**Victorian Schools Asthma Policy for Asthma First Aid**

(Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*)\* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

\* A *Bricanyl* Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable  
If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

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

- 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, 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 agree to pay all expenses incurred for any medical treatment deemed necessary.

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

Date \_\_\_/\_\_\_/\_\_\_

Doctor's Signature: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly® Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or [www.asthma.org.au](http://www.asthma.org.au) or [www.asthmafriendlyschools.org.au](http://www.asthmafriendlyschools.org.au).