

SCHOOL CAMP ASTHMA ACTION PLAN



FORM ONE - PRE CAMP ASSESSMENT



This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Please inform your GP about completing the form when you make your appointment. 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 ____/____/____ Grade/Year _____

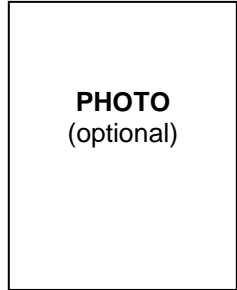
Emergency Contact (e.g. parent/carer) _____ Relationship _____

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

Wheeze _____
 Tightness in chest _____
 Coughing _____
 Difficulty breathing _____
 Difficulty speaking _____
 Other (please describe) _____

Worsening signs of student's asthma

Increased signs of:
 Wheeze _____
 Tightness in chest _____
 Coughing _____
 Difficulty breathing _____
 Difficulty speaking _____
 Other (please describe) _____

What triggers the student's asthma?

Exercise _____
 Colds/viruses _____
 Pollens _____
 Dust _____
 Smoke _____
 Weather changes _____
 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? _____

Any other information that will assist with the asthma management of the student while on camp

e.g. peak expiratory flow, night time asthma or recent attacks

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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. 1 puff in morning and 1 at night, before exercise)

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.

If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

* 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/camp.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack at camp, 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 or www.asthmafriendlyschools.org.au