LIDDIARD ROAD P.S.

SCHOOL ASTHMA ACTION PLAN

This form must be completed if your child suffers from asthma.

The information collected on this form will be provided to all staff who care for your child. It will be used to assist them to provide safe asthma management for your child at school or while participating in a school activity. 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 if 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.

Level of Asthma suffered by child:

Mild ☐ Moderate ☐ Severe ☐

Usual signs of child's asthma:	**Worsening signs of child's asthma:** Increased signs of –	**What triggers the child's asthma?**
Wheezing _____ ☐	Wheezing _____ ☐	Exercise _____ ☐
Tightness in chest _____ ☐	Tightness in chest _____ ☐	Colds/Viruses _____ ☐
Coughing _____ ☐	Coughing _____ ☐	Pollens _____ ☐
Difficulty in breathing _____ ☐	Difficulty in breathing _____ ☐	Dust _____ ☐
Difficulty speaking _____ ☐	Difficulty speaking _____ ☐	Other Triggers (please describe)
Other (please describe)	Other (please describe)	

Does your child need assistance taking his/her medication? Yes ☐ No ☐

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

Name of Medication	**Method** (eg. puffer & spacer, turbuhaler)	**When and How Much?**

Is your child on regular preventer medication taken at home? Yes ☐ No ☐ If yes, please specify the name of the medication:

ASTHMA FIRST AID PLAN

Please tick the preferred First Aid Plan:

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

(Section 4.5.7.8 of Dept. of Education & 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 worsens, call an ambulance immediately.]

OR

☐ **Student's Asthma First Aid Plan**

If different from the Victorian Schools Asthma Policy above, please **attach a personal asthma management plan**, designed in consultation with the child's doctor. This is a compulsory inclusion if the child is a moderate or severe asthma sufferer.

☐ 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 child receiving the treatment described above.
☐ I authorise school staff to assist my child with taking asthma medication should he/she 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 / Guardian Signature: _____ **Date:** _____