Dear Parents,

Re: School Asthma Action Plan.

We are pleased to inform you that our school takes its responsibilities to students with asthma very seriously.

We understand that your child has asthma. Asthma is a condition that can be serious and may require emergency treatment while at school. It is important therefore, to have up to date information about the management of your child's asthma.

Attached to this letter is an Asthma Action Plan that we request you complete (in consultation with and signed by your child's Medical Practitioner).

The attached Asthma Action Plan outlines the Victorian Government Schools Reference Guide for Emergency Treatment of an Asthma Attack to be used in the case of an emergency, following best practice treatment. If, however, your child’s emergency treatment differs from this, there is space on the plan for a preferred treatment, but this must be signed by a qualified, practising Medical Practitioner. This management form should be updated annually or whenever the student's asthma or asthma medications change significantly.

If there is no Asthma Action Plan provided by you for your child's asthma management, staff will use the standard Asthma First Aid Plan.

The school staff also reserves the right to call an ambulance for any child they consider to be having an asthma attack or if a child is having difficulty breathing. Please ensure your child is covered by ambulance cover if you do not have a health care card.

For further information about asthma management contact Asthma Victoria on (03) 9326 7088 or toll free number 1800 645 130 or visit www.asthma.org.au.

Please help us to responsibly care for your child while at school by completing and returning the attached plan as soon as possible. If you have any queries regarding this please don't hesitate to contact me or school office.

Thank you for your cooperation in this matter.

Yours sincerely,

[Signature]

School Principal

The Asthma Foundation of Victoria 491-495 King Street West Melbourne 3003 P: 03 9326 7088 | F: 03 9326 7055
ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

☐ Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide)

1. Sit the student upright, remain calm and reassure them. Do not leave the student alone.

2. Without delay shake a blue reliever puffer (Aironir, Asmol, or Ventolin)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Give one puff at a time and ask the student to take 4 breaths from the spacer after each puff.

3. Wait 4 minutes.

4. If there is little or no improvement repeat steps 2 and 3. If there is still little or no improvement— call an ambulance immediately (dial 000) and state that the student is having an asthma attack. 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 or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or visit www.asthma.org.au
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. The information on this Plan is confidential. All staff that care for your child will have access to this information. 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 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools’ Reference Guide).

STUDENT’S PERSONAL DETAILS

Student’s Name _______________________________ Gender M F
Date of Birth _______ / _______ / _______ Form/Class ___________ Teacher ____________________________
Ambulance Membership Yes No Membership No. ___________________________
What other health management plans does this student have, if any? ______________________________
Emergency Contact (e.g. parent/carer)
Name __________________________________________ Relationship ________________________________
Ph: (H) ___________________________ (W) ___________ (M) ___________ Ph: ___________________________

PHOTO

USUAL ASTHMA ACTION PLAN

Usual signs of student’s asthma:
☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other __________________________

Signs student’s asthma is getting worse
☐ Wheeze ☐ Tight Chest ☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other __________________________

Student’s Asthma Triggers
☐ Cold/flu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐ Other __________________________

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

<table>
<thead>
<tr>
<th>Name of Medication (e.g. Ventolin, Flixotide)</th>
<th>Method (e.g. puffer &amp; spacer, turbuhaider)</th>
<th>When and how much? (e.g. 1 puff in morning and night, before exercise)</th>
</tr>
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</table>

Does the student need assistance taking their medication? Yes ☐ No ☐ If yes, how? __________________________

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:
1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:
1. Stop the exercise or activity and refer to the student’s asthma first aid plan (on back page). If their symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/carer any incident.
Allergies
Please tick if your child is allergic to any of the following:

☐ Penicillin
☐ Other Drugs: ________________________________

☐ Foods: ________________________________

☐ Other allergies: ________________________________

What special care is recommended for these allergies? ________________________________

Year of last tetanus immunisation: ________________________________
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

Medication
Is your child taking any medicine(s)? ☐ Yes ☐ No
If yes, provide the name of medication, dose and describe when and how it is to be taken. ________________________________

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent
Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

• Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above) ________________________________
Date: ________________________________

The Department of Education and Early Childhood Development requires this consent to be signed for all students who attend government school excursions that are approved by the school council.

Note: You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.