



ARARAT PRIMARY SCHOOL

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30 July 2015

Dear Parent/Guardian,

Ararat Primary School is an Asthma Friendly School and we seek to manage this condition in the best way possible for each sufferer. It is very important that we are informed if your child suffers, or has in the past suffered from Asthma. Since this is a condition that can be very serious and may require emergency treatment while at school, it is important to have up to date information about the likely frequency, trigger and management of your child's asthma.

We request that you complete the attached management plan and ensure medication is up to date. This plan outlines the Victorian Schools' Asthma Policy for the emergency treatment of an Asthma attack that must be followed in all Victorian Government schools, and is recommended as best practice in all schools. If you are satisfied with that recommended management plan, simply fill in the form to approve that action, sign, and return the form to Ararat Primary School. **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 medication changes significantly.

If there is no School Action Plan provided by you for one Asthma management of your child, the school staff will use the standard Asthma First Aid that is detailed in the School's Asthma Policy in the event of your child is having difficulty breathing.

The school also reserves the right to call an ambulance for any child they consider to be having an Asthma attack or if the child is having difficulty breathing. You would be notified as soon as possible in such a circumstance.

For further information about Asthma management, please contact the Asthma Foundation Victoria on the toll free number 1800 278 462 or via the website: 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 matter, please don't hesitate to contact me.

Thank you for your cooperation.

Yours faithfully,

Jennifer Molan

PRINCIPAL

Asthma care plan for schools



**Asthma
Australia**

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Photo of student
(optional)

Student's name:

Date of birth:

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

Daily asthma management

This student's usual asthma signs

- Cough
 Wheeze
 Difficulty breathing

Other
(please describe)

Frequency and severity

- Daily/most days
 Frequently (more than 5 x per year)
 Occasionally (less than 5 x per year)

Other
(please detail)

Known triggers for this student's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this student usually tell an adult if s/he is having trouble breathing? Yes No
Does this student need help to take asthma medication? Yes No
Does this student use a mask with a spacer? Yes No
*Does this student need their blue reliever puffer medication before exercise? Yes No

Medication Plan —

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Name of doctor

Address

Phone

Signature

Date / /

Parent/guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Name

Signature

Date / /

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 puffs of blue reliever puffer medication

- Use a spacer if there is one
 - **Shake** puffer
 - Put **1 puff** into spacer
 - Take **4 breaths** from spacer
- Repeat** until **4 puffs** have been taken
- Remember: Shake, 1 puff, 4 breaths**



3 Wait 4 minutes

- If there is no improvement, give **4 more puffs** as above



4 If there is still no improvement call emergency assistance (DIAL 000)*

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 puffs** every **4 minutes** until emergency assistance arrives



*If calling Triple Zero (000) does not work on your mobile phone, try 112

Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a puffer is not available
- If you are not sure if it's asthma

Blue reliever medication is unlikely to harm, even if the person does not have asthma



To find out more contact your local Asthma Foundation
1800 ASTHMA (1800 278 462) | asthmaaustralia.org.au

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