ACT Government
Education and Training

Asthma Management and Emergency Treatment Plan

For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated. This plan should be reviewed annually.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:……..

Sex: M ☐ F ☐ Date of birth:……...Year/Class……..

Emergency contact (e.g. parent, carer):

a.Name:……Relationship:……..
Telephone No:……(Hm)……(Wk/Mobile)

b.Name:……Relationship:……
Telephone No:……(Hm)……(Wk/Mobile)

Doctor:……Telephone No……

Insert student's photo here

Usual Asthma Management Plan

Student's symptoms (e.g. cough)
……
Triggers (e.g. exercise, pollens)
……
Medication requirements:

Name of medication	Method (eg. puffer & spacer, turbuhaler)	When and how much?
…….	…….	…….
…….	…….	…….
…….	…….	…….
…….	…….	…….

In an **Emergency** follow the Plan below that has been ticked (✓).

☐ Standard Asthma First Aid Plan

Please tick (3) the preferred box.

1. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
2. Give 4 puffs of a blue re liever puffer (*Airomir,Asmol, Bricanyl* or *Ventolin),* one puff at a time prefer ably through a spacer device. 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 and student is breathless or distressed call an ambulance immediately. (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

**Use a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) on its own if no spacer is available.*

OR

☐ **My Child's Asthma Emergency Treatment Plan (attached)**

Additional comments:……
……
……
……

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Signature of Doctor:……Date:……Date of Plan:…….

Signature of Parent/Carer:……Date: ……

a) I/We (Parent/carer) ……give permission for my/our child (Name) ……

1. to be assisted by staff when taking asthma medication should they require help
2. to be treated by staff at the school, in an emergency, using the preferred Asthma Emergency Treatment Plan if in their judgement it is required for the treatment of an asthma attack
3. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b)

1. As parent/carer I will notify you in writing if there are any changes to these instructions.
2. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signed:…… Date: ……