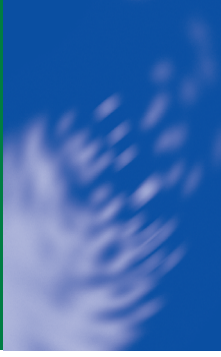


**PETER MOYES ANGLICAN COMMUNITY SCHOOL**  
**ACTION PLAN FOR**  
**STUDENT ASTHMA RECORD**  
**REQUEST FORM 2020**



Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender  M  F Year Group \_\_\_\_\_

**Emergency Contact Details (e.g. parent, carer):**

A) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
B) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Asthma information**

Triggers (e.g. exercise, pollens) \_\_\_\_\_  
Child's symptoms \_\_\_\_\_

**Name of Medication**

**Method (e.g. puffer & spacer, turbuhaler)**

Preventative \_\_\_\_\_

Reliever \_\_\_\_\_

Management at home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 management plan. Please tick (✓) the appropriate box, and print your answers clearly in the blank spaces where indicated.

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

### Standard Asthma First Aid Plan

**Step 1** Sit upright and stay calm. Be calm and reassuring. **DO NOT LEAVE THEM ALONE.**

**Step 2** Give 4 separate puffs of blue/grey reliever puffer.

— **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**

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).

**Step 3** Wait 4 minutes. If there is no improvement, give 4 more separate puffs of blue/grey reliever as above (OR give 1 more dose of Bricanyl or Symbicort inhaler.)

**Step 4** If little or no improvement **CALL AN AMBULANCE IMMEDIATELY (DIAL 000 and/or 112 from mobile phone)** say **AMBULANCE** and that you are helping a Student with an Asthma attack. Keep taking **4 separate puffs** every **4 minutes** until emergency assistance arrives.

OR give 1 dose of Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort.



### **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 reliever is not available

— If you are not sure if it's asthma

— If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

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

**OR**

**My child's Asthma First Aid plan (attached),** I will notify the school in writing if there are any changes to these instructions.

- I authorise school staff to follow the preferred Asthma First Aid Plan, as ticked above and assist my child with taking asthma medication should they require help.
- In the event of my child not having their usual reliever medication available, I give permission for the school to use a \*blue reliever puffer.

**\*Blue puffer (Aiomir, Asmol, Epaq or Ventolin) \***

**Signature of Parent/Carer:**

**Date:**

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

**The plan has been prepared by: Doctor's name:**

**Signature of Doctor:**

**Date:**

**Signature of Associate Principal/**

**Date:**

**Deputy Associate Principal or Principal**