LONGFORD PRIMARY SCHOOL
STUDENT ASTHMA POLICY

PURPOSE:

• To provide a system of management for students suffering from asthma by providing a personal ‘Asthma Action Plan’.
• To assist teachers in understanding asthma and recognise the symptoms of asthma and its management at school.

BROAD GUIDELINES:

• Parents to be made aware of the ‘Student Asthma Action Plan’ through the School Newsletter.
• Parents to fill in ‘Plan’ if they have an asthmatic child at school.
• Peak Flow Meters to be administered at home.
• Parents should ensure that their child is capable of administering any medication required.

IMPLEMENTATION:

• All Student Asthma Action Plans to be kept in a highly visible place in the school’s sick bay and in the appropriate classroom.
• Staff to receive professional development in this area by a qualified person.
• Each teacher to have a copy, and be aware, of the school’s Asthma Policy
• Students suffering from asthma attack to be sent immediately to the office.
• Office staff to deal with any asthma emergency in accordance with the Student’s Asthma Action Plan.
• Staff to be made aware of any students who are determined as asthmatics by noting the student in their class roll.

RESOURCES:

• School to provide an asthma ‘spacer’ for use with younger students.
• Spare medication to be available in case of an emergency.
• LONGFORD PRIMARY SCHOOL
• STUDENT’S ASTHMA ACTION PLAN
• To be completed by Parents or Doctor.

• NAME ____________________________

• GRADE _______________ YEAR ______

• TEACHER ____________________________

1. Please tick (✓) appropriate box.

What are your child’s usual symptoms when he/she has asthma?
• Wheezing (whistling noise from the chest) □
• Coughing □
• Tightness in chest □
• Difficulty with breathing □
• Breathing problems with exercise □
• Other ______________________________

2. DAILY MEDICATION AT SCHOOL (fill out if your child needs asthma medication every day)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Method Used</th>
<th>How Much</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e.g. puffer via spacer</td>
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3. MEDICATION BEFORE EXERCISE (fill out if your child needs asthma medication before exercise)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Method Used</th>
<th>How Much</th>
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4. MEDICATION FOR SYMPTOMS (medication your child should take to treat symptoms of asthma)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Method Used</th>
<th>How much</th>
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If your child needs to take any additional asthma medication at school (e.g. a few days after an asthma attack) please notify the school IN WRITING with instructions signed by a Parent or Guardian.