

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



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)



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



4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

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

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



Call emergency assistance immediately - Dial Triple Zero (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



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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Translating and
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131 450

Asthma care plan for education and care services

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)

Plan date

___/___/201__

Review date

___/___/201__

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 describe)

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 a 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

Doctor

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.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email



November 2017

Important information for parents of children who do not already carry their own medication for anaphylaxis or asthma

Dear Parent/Carer

We are strongly committed to the health, safety and wellbeing of our students at this school. This is best achieved when we keep you informed and work in partnership with both you and, where possible, your children.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

As age and developmentally appropriate high school students should carry their own adrenaline autoinjector (EpiPen®, Anapen®) or asthma reliever medication on them while at school. This is in addition to the medication held by the school.

The school still needs you to provide at least one additional EpiPen®, Anapen® and/or asthma reliever medication for your child in case we need it in an emergency. This could happen, for example, if your child doesn't have theirs with them at school when it is needed. We will store it in a central location in the school and use it to help your child if needed.

For some students in the upper primary years it may also be appropriate for them to carry their own medication to and at school.

Please seriously consider whether your son or daughter should carry their adrenaline autoinjectors or asthma reliever medication with them to school. I know that not every student will be ready to do this now. If you have any doubts or concerns about this, talk to your child's doctor.

The school needs to know that your child carries their own medication. This will be important in the event of an emergency.

If you would like to request your child to carry their own EpiPen®, Anapen® or asthma reliever medication to and at school **please complete the attached form and return it to the school.**

Students who carry their own EpiPen®, Anapen® or asthma reliever to school should be reminded regularly to:

- carry their EpiPen®, Anapen® or asthma reliever medication with them to and at school each day;
- keep a copy of their *ASCIA Action Plan for Anaphylaxis* with their EpiPen®, Anapen®, and/or keep their *Asthma Action plan* their reliever medication;

- know how and when this medication should be used;
- keep their medication with them in an easily accessible and identifiable spot and, as agreed with the school. For example some parents have bought pouches so their children can carry around their EpiPen® or Anapen® wherever they go;
- tell a teacher immediately if they start to feel unwell or sick at school. Please tell them this won't get them into trouble if they do this;
- tell you immediately if their medication is used, lost or misplaced or is nearing its expiration date; and
- carry their EpiPen®, Anapen® or asthma reliever medication with them on all school excursions, training at TAFE and any work experience or structured work place learning your child is involved in.

We in the school will tell your child the same things.

If you have any questions in relation to this letter please contact the school on [phone number].

Yours sincerely

[Principal Name]
PRINCIPAL





Request for student to carry his/her own EpiPen[®], Anapen[®] or asthma reliever medication

This form is not a substitute for the **ASCIA Action Plan for Anaphylaxis** or the **Asthma Action Plan** signed by the student's doctor.

For some medications and some students it can be appropriate for them to carry their own medication to school and at school, for example, EpiPen[®] or Anapen[®] for anaphylaxis and asthma reliever medication for asthma.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

Please consider whether your child should carry their own EpiPen[®], Anapen[®] or asthma reliever medication to school and while they are at school.

On receiving this completed request form, the school will confirm the arrangements for how and where your child will carry their own medication.

You will still need to provide the school with at least one other EpiPen[®], Anapen[®] and/or asthma reliever medication for storage in a central location/s within the school and for access by staff in case of an emergency.

If you would like the school to consider your request for your child to carry their medication, please complete the following information and return to:

Name of contact person

Name of principal

Date

Student details

First name

Last name

Date of birth

Class

Q1. My child has been diagnosed with (please select):

- ☐ Asthma
- ☐ Severe allergies (anaphylaxis)

Q2. I am requesting my child carry the following medication with them to school and at school (please select):

- ☐ EpiPen[®]
- ☐ Anapen[®]
- ☐ Asthma reliever medication

Write the name of the asthma reliever medication below

...continued overleaf

Q3. Describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

Note: The exact location of the medication should be easily identifiable by school staff. Hazards such as identical school bags should be avoided.

Note:

- Your child's medication should be clearly labelled with their name.
- Where the EpiPen® or Anapen® is carried by your child they will need to carry with it a copy of their ASCIA Action Plan for Anaphylaxis: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
- For asthma reliever medication your child should carry with it a copy of their Asthma Action Plan: www.health.gov.au/internet/main/publishing.nsf/Content/asthma-plan

Parent/carer details

First name

Last name

Relationship to student

Street number/street name

Suburb

Postcode

Home phone number

Work phone number

Mobile phone number

Email

Parent/carer signature

Date

Privacy notice: the information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.