



Asthma Policy

Policy Development and Management

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Purpose

This document includes information on the implementation and operation of a model policy for the best practice management of asthma in Victorian schools. It is recommended that in situations where policy alterations are required, the Principal of the College seeks the advice of The Asthma Foundation of Victoria.

Statement

Asthma is a chronic health condition affecting approximately 10% of Australian children and teenagers. Asthma is one of the most common reasons for child admissions to hospital and missed days of school. Asthma exacerbations can commonly occur while attending schools, particularly in February and May.

In order to meet the duty of care obligations specified by the *School Policy and Advisory Guide* (SPAG) and to ensure the health and wellbeing of students attending Northside Christian College, the College recognises the importance of staff education and the implementation of an asthma policy. The College recognises the importance of involvement and engagement with parents and carers of students and the ability of students to self-manage their asthma where appropriate.

Key points within the *SPAG*, relevant to an asthma management policy, specify that schools must:

- Obtain a written asthma plan for all students diagnosed with asthma upon enrolment at the College and ensure they are updated at least annually
- Complete a Health Support Plan for students with an identified health care need
- Store medical information and medications appropriately
- Ensure that students feel safe and supported at school
- Provide and maintain at least two asthma emergency kits, with an extra kit required for every 300 students in a large school
- Ensure that key staff (e.g. First Aid Officers, P.E. and Sport Teachers) undertake Emergency Asthma Management (EAM) training and that all other staff with a duty of care for students attend a free asthma education session provided by The Asthma Foundation of Victoria

Scope

- To ensure the whole College community (principals, staff, volunteers, parents and carers and students) are aware of their obligations and best practice management of asthma in the school setting
- To provide the necessary information to effectively manage episodes of asthma within the College

Responsibilities

The Principal/ Executive Team will:

- Provide staff with a copy of the College's Asthma Management Policy and ensure staff are aware of asthma management strategies upon employment at the College
- Provide asthma education and first aid training for staff as required in order to

maintain validity. i.e. every two years for first aid, every three for Asthma.

- Provide parents and carers with a copy of the College's Asthma Policy upon enrolment of their child
- Identify students with asthma during the enrolment process and provide parents and carers with a blank asthma plan to be completed and signed by the child's medical practitioner and returned to the College
- Ensure Health Support Plans are completed for students with asthma
- Where possible, ensure that all students with asthma have a current written asthma plan (must be updated at least annually)
- Ensure a College Camp and Excursion Medical Update Form is completed by parents/carers for off-site activities where possible
- Ensure the parents and carers of all students with asthma provide reliever medication and a spacer (and a face mask if required) at all times their child attends the College
- Implement an asthma first aid procedure consistent with current national recommendations and all staff are aware of the asthma first aid procedure
- Ensure adequate provision and maintenance of asthma emergency kits for the College and that each asthma emergency kit contains reliever medication, two spacer devices, instructions outlining the first aid procedure and a record form
- Ensure that reliever medications within the asthma emergency kits are replaced regularly and have not expired, and that spacers are replaced after each use
- Facilitate communication between management, staff, parents and carers and students regarding the College's asthma management policy and strategies
- Promptly communicate to parents and carers any concerns regarding asthma and students attending the College
- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in all activities safely and to their fullest abilities

Staff will:

- Be aware of the College's Asthma Management Policy
- Be aware of the asthma first aid procedure
- Be aware of students with asthma and where their medication and personal spacers are stored
- Participate in Health Support Plan completion as required
- Attend asthma education and training sessions when required
- Be aware of where to access written asthma plans, College Camp and Excursion Medical Update Forms, and asthma emergency kits

- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in activities safely and to their fullest abilities
- Promptly communicate to the principal, parents and carers any concerns regarding asthma and students enrolled in the College

Parents and Carers will:

- Inform the College if their child has asthma upon enrolment
- Read the College's asthma management policy
- Participate and sign student Health Support Plans if required
- Provide a signed written asthma plan to the College, and ensure that it is updated at least yearly
- Provide a College Camp or Excursion Medical Update form as required
- Provide the College with their child's reliever medication along with a spacer (required for 'puffer' medication) for all times the child is attending the College, unless the child is carrying the medication and spacer for self-management purposes
- Ensure that if their child is self-managing their asthma correctly the child carries their reliever medication and spacer at all times
- Promptly communicate all medical and health information relevant to their child, to the principal and staff of the College
- Communicate any changes to their child's asthma or any concerns about the health of their child

Students will:

- Immediately inform staff if they experience asthma symptoms
- Inform staff if they have self-administered any asthma medication
- Carry asthma medication and a spacer with them at all times (if self-managing their asthma)

Asthma Action Plans for Victorian Schools

The Asthma Foundation of Victoria in consultation with the Department of Education, Catholic Schools and Independent Schools, have developed children's service and school specific Asthma Action Plans. This is to meet the needs of the Education and Training Reform Act 2006, the Education and Training Reform Regulations 2007 and the Schools Policy Advisory Guide.

The Victoria Asthma Action Plans have been developed to assist staff members identify the students asthma signs and symptoms including their severity and what action needs to be taken in regards to administering the child's asthma reliever medication.

These Action Plans available for students with asthma include:

- Asthma Action Plan – for Salbutamol when using a puffer and spacer
- Asthma Action Plan – for Salbutamol when using a puffer and spacer (4 x 4 procedure) this should be the one used most in schools
- Asthma Action Plan – for Salbutamol when using a puffer alone
- Asthma Action Plan – for Bricanyl Turbuhaler

Asthma First Aid Follow the written first aid instructions on the student’s Asthma Action / Care Plan.

If no specific and signed instructions are available, the instructions are unclear, or the person does not have an Asthma Action/Care Plan, begin the first aid procedure immediately (as authorised by the Department of Education and Early Childhood Development).

Call emergency assistance to attend (000) IF:

- the person’s asthma symptoms are severe
- the person suddenly stops breathing
- the person’s asthma symptoms continue to worsen
- there is no Asthma Action/Care Plan for the person
- blue/grey reliever medication is not available
- you are unsure what is causing the breathing difficulty

Recognising an Asthma Attack

Mild	Moderate	Severe
Talk in sentences	Shorten sentences	Few words per breath
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Grasping for breath / distress
Tightness in chest	Tightness in chest	Pale, sweaty, blue lips
Young children may complain of a “sore tummy”	Young children may complain of a “sore tummy”	Muscle exertion

Asthma Emergency Kits

Asthma Emergency Kits should contain:

- Reliever medication
- X2 small volume spacer device
- Record form and Asthma First Aid instruction card

Please note that spacers and face masks are single-person use only. It is essential to have at least two spacers (and two face masks if necessary) contained in each first aid kit and that spacers and face masks are replaced each time they are used.

Further Reading and Resources Forms mentioned in this policy are available to download free of charge from the Resources section of The Asthma Foundation of

Victoria website at www.asthma.org.au

Related Legislation / Compliance

Education and Training Reform Act 2006

Education and Training Reform Regulations 2007

School Policy and Advisory Guide, Department of Education and Early Childhood Development (2011),

www.education.vic.gov.au/management/governance/spag/default.htm

Communication

These guidelines will be published in part or whole in the Newsletter, and will be reinforced by College staff in correspondence with families as required. i.e. at the start of a new school year, in the lead up to camps and excursions, etc.

Responsibilities

The Principal has overall responsibility for the implementation of this policy.

Evaluation

This policy will be reviewed as part of the College's three-year review cycle.

References

Australian Centre for Asthma Monitoring (2011), "Asthma in Australia: with a focus chapter on chronic obstructive pulmonary disease", Australian Institute of Health and Welfare, Canberra 2011.

School Policy and Advisory Guide, Department of Education and Early Childhood Development (2011), available at

<http://www.education.vic.gov.au/management/governance/spag/default.htm>.

Control of Infection in Healthcare, Commonwealth of Australia, Canberra, 2010.

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 645 130 | asthmaaustralia.org.au

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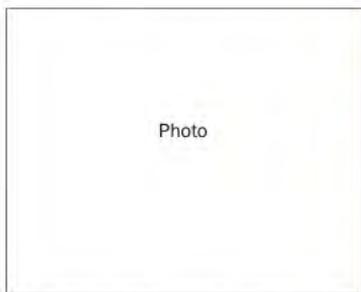
Appendix B: Asthma Action Plan for Victorian Bricanyl Turbuhaler



Asthma Action Plan

For use with a Bricanyl Turbuhaler

Name: _____
Date of birth: _____



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date: _____

Date of next review: _____



- Unscrew and lift off cap. Hold turbuhaler upright
- Twist blue base around all the way, and then back all the way
- Breathe out gently away from turbuhaler
- Do not breathe in to it
- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in through mouth strongly and deeply. Remove turbuhaler from mouth
- Hold the breath for about 5 seconds or as long as comfortable. Breathe out

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1** Sit the person upright.
 - Stay with person and be calm and reassuring
- 2** Give 2 separate doses of Bricanyl
 - Breathe in through mouth strongly and deeply
 - Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
- 3** Wait 4 minutes.
 - If there is no improvement, give 1 more dose of Bricanyl

If there is still no improvement:

- 4** Phone ambulance: Triple Zero(000)
- 5** Keep giving 1 dose every 4 minutes until emergency assistance arrives

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1** Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2** Phone ambulance: Triple Zero (000).
- 3** Give 2 separate doses of Bricanyl.
 - Breathe in through mouth strongly and deeply
 - Remove Turbuhaler from mouth before breathing out gently away from the mouthpiece
- 4** Wait 4 minutes.
- 5** Keep giving 1 dose every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

© The Asthma Foundation of Victoria 2016. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor, nurse practitioner and cannot be altered without their permission.

Appendix C: Asthma Action Plan for Victorian Puffer and Spacer



Asthma Action Plan

Name: _____
Date of birth: _____

For use with a Puffer and Spacer



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1** Sit the person upright.
 - Stay with person and be calm and reassuring
- 2** Give..... separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3** Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1** Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2** Phone ambulance: Triple Zero (000).
- 3** Give separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4** Wait 4 minutes.
- 5** Keep giving puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally.
Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

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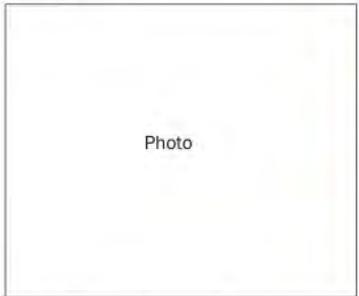
Appendix D: Asthma Action Plan for Victorian Puffer Only



Asthma Action Plan

Name: _____
Date of birth: _____

For use with a Puffer



Photo

Child can self administer medication if well enough.
Child needs to pre-medicate prior to exercise

Confirmed triggers: _____

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Remove cap from puffer and shake well
- Tilt the chin upward to open the airways, breath out away from puffer
- Place mouthpiece, between the teeth, and create a seal with lips
- Press once firmly on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- Hold breath for 5 seconds or as long as comfortable

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Giveseparate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

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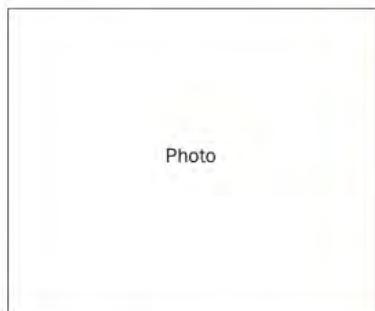
Appendix E: Asthma Action Plan for Puffer and Spacer (4 x 4)



Asthma Action Plan

Name: _____
Date of birth: _____

For use with a Puffer and Spacer



Photo

Child can self administer medication if well enough.
Child needs to pre-medicate prior to exercise

Confirmed triggers: _____

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____
Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring.
Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally.
Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

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Appendix F: Letter Template for Action Plans (New Student)

<Date>

<Parent / Guardian Names> < Parent / Guardian Address> < Parent / Guardian Address>

RE: ASTHMA ACTION PLAN FOR <STUDENT NAME> Dear <Parent / Guardian Names>,

Many thanks for completing the enrolment form for <Student Name>, you have indicated that <Student Name> has been diagnosed with Asthma. As part of Northside Christian College's commitment to meeting our legislative requirements and the College's Asthma Policy, we require you to provide us with an in-date Asthma Action Plan.

As this is <Student Name> first year at Northside Christian College please forward this letter on to <Student Name> medical practitioner, so they can; download the appropriate Asthma Action Plan for Victorian Schools to complete. Once completed if you could return it to us prior to Term 1 commencement <or insert date>, with <Student Name> medication and any other device aid i.e. spacer device.

Please refer to:

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

If there is no School Asthma Management Plan provided by you for your child's asthma management, the College staff will use the standard asthma first aid as detailed in the Colleges Asthma Policy if your child has been known to have asthma or has difficulty breathing.

Please note that it is now College policy for all students with Asthma to have ventolin and a spacer in their school bag while at school. This has come about due to infection control standards that require all schools to be using single use spacers. In the event of an emergency we do have ventolin and spacers available.

The College also reserves the right to call an ambulance for any child they consider to be having an asthma attack or if a child is having difficulty breathing. Please ensure that your child is covered by ambulance cover if you do not have a health care card.

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, please don't hesitate to contact me. Thank you for your cooperation in this matter.

Yours sincerely,

<School Representatives Name>

Appendix G: Letter Template for Action Plans (Existing Student)

<Date>

<Parent / Guardian Names>

< Parent / Guardian Address>

< Parent / Guardian Address>

RE: ASTHMA ACTION PLAN FOR <STUDENT NAME>

Dear <Parent / Guardian Names>,

As part of Northside Christian College's commitment to meeting our legislative requirements and the College's Asthma Policy we require you to provide us with an updated Asthma Action Plan for <Student Name>.

We have attached for you the new Asthma Action Plan for Victorians Schools, which has been specifically designed for schools to identify asthma signs and symptoms, and respond accordingly using the asthma medication device <Student Name> currently has at school.

If <Student Name> medication device has changed since their Action Plan was last updated please forward this letter on to <Student Name> medical practitioner, so they can; download the appropriate Asthma Action Plan for Victorian Schools to complete. Once completed if you could return it to us prior to Term 1 commencement <or insert date>, with <Student Name> medication and any other device aid i.e. spacer device.

Please refer to:

<https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

If there is no School Asthma Management Plan provided by you for your child's asthma management, the College staff will use the standard asthma first aid as detailed in the Colleges Asthma Policy if your child has been known to have asthma or has difficulty breathing.

Please note that it is now College policy for all students with Asthma to have ventolin and a spacer in their school bag while at school. This has come about due to infection control standards that require all schools to be using single use spacers. In the event of an emergency we do have ventolin and spacers available.

The College also reserves the right to call an ambulance for any child they consider to be having an asthma attack or if a child is having difficulty breathing. Please ensure that your child is covered by ambulance cover if you do not have a health care card.

If your medical practitioner, has informed you that <Student Name> has grown out of their asthma, they will need to provide a letter, on the practice letterhead to the school stating such.

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, please don't hesitate to contact me. Thank you for your cooperation in this matter.

Yours sincerely,

<School Representatives Name>