



maintenance checklist

(for internal school use only)



SCHOOL	
Date	

It is recommended that this checklist is completed at the **start of each school year** as part of the school's health care planning and a **copy supplied to the Principal**.

AFS PROGRAM CRITERIA	CHECK		TO DO	DONE
ESSENTIAL		✓	ACTION	✓
Asthma education is provided for all school staff	Monitoring of Asthma Training for School Staff sheet completed			
Asthma Action Plans and/or Student Asthma Records for each student with asthma are actively encouraged and kept in a central location	Information requested Asthma health records stored centrally			
Asthma First Aid posters are on display	____ posters in suitable places			
Students with asthma are encouraged to have their medications readily available and safely stored at all times	Student access to their own medication discussed by staff Stored medication is labelled			
A blue reliever puffer and spacer device(s) are available for emergency use	____ Asthma Emergency Kits Check contents and expiry dates			
A plan is in place for managing asthma during school sporting activities, excursions and camps	Current asthma care planning covers all school based and off-site activities			
Asthma related information is provided through the school to parents/carers that contributes to the quality of life, health outcomes and well being for their children	Asthma Foundation information provided to parents when asthma indicated on health records Asthma articles regularly in school's newsletter			
Asthma Friendly Schools Program teaching resources are used as part of the school's health curriculum	Curriculum planning for this year includes asthma and use of the AFS program resources supplied			
RECOMMENDED				
Potential asthma triggers are minimised within the school environment	Students' triggers are known, discussed and addressed by staff			
School becomes a community member of its local Asthma Foundation	Membership considered by staff, student rep & parent rep groups			

For the Principal	•
The following require attention to maintain the AFS program	•
	•

This sheet was completed by _____ on ____ / ____ / 20__



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Please return completed form by post, fax or email to: The Asthma Foundation Victoria | 491-495 King Street WEST MELBOURNE VIC 3003
Fascimile: +61 3 9326 7055 | Email: schools@asthma.org.au | For more information visit our website: www.asthmafrendlyschools.org.au

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