



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

<b>For the Principal</b>	•
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: Asthma Foundation of Western Australia | PO Box 864 WEST PERTH WA 6872  
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