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ASTHMA POLICY

RATIONALE:

Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.

GENERAL STATEMENT:

The aim of this policy is to manage asthma and asthma sufferers as effectively and efficiently as possible at school. Additional information is located within the Victorian Government School Policy and Advisory Guide – Specific Condition Support - Asthma

IMPLEMENTATION GUIDELINES:

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in chest and difficulty speaking.
- Children with mild asthma rarely require medication. However severe asthma sufferers may require daily or additional medication, particularly before or after exercise.
- Schools must have for each student diagnosed with asthma, a written:
 - Asthma Action Plan
 - Student Health Support PlanCompleted by the student's medical/health practitioner in consultation with the parents/guardians and provided annually by the doctor to the parents/guardians and then to the school.
- The plan must include:
 - the prescribed medication taken on a regular basis, as premedication to exercise and if the students is experiencing symptoms
 - emergency contact details
 - business and after hours contact details of the student's medical/health practitioner
 - details about deteriorating asthma including signs to recognise worsening symptoms, what to do during an attack and medication to be used.
 - an asthma first aid section and should specify no less than 4 separate puffs of blue reliever medication, with four breaths taken per puff every four minutes using a spacer if possible.
- Parents/Guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication [including a spacer] with them at school at all times [or held in the First Aid office]

- All school staff with a duty of care responsibility for the wellbeing of students should be trained in being able to manage an asthma emergency appropriately. A one hour asthma education training session should be conducted at least every three years.
- Staff with a direct student wellbeing responsibility such as First Aid Officers, PE/Sport teachers and camp organisers should complete the Emergency Asthma Management course at least every three years.
- Schools should provide equipment to manage asthma emergencies in their asthma first aid kits. It is recommended that schools provide and maintain at least two emergency asthma first aid kits. Large schools may require an additional kit for every 300 students.
 - schools can legally purchase blue/grey reliever puffers [ie: Airomir, Asmol or Ventolin] for first aid purposes from a pharmacist on the written authority of the Principal.
 - schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they should bring their own to school.
- The First Aid Officer is responsible for obtaining Asthma First Aid posters which are available free from the Asthma Foundation and displaying them in the staffroom, sick bay and areas where asthma attacks are likely to occur or be treated.
- Asthma Emergency First Aid Kits must contain:
 - blue/grey reliever medication
 - at least two devices to assist with effective inhalation of the blue/grey reliever medication [ensure spare disposable spacers are available as replacements]
 - clear written instructions on how to use the medications and devices and the steps to be taken in treating a severe asthma attack
 - a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered.
- The First Aid Officer is responsible for maintaining the emergency asthma first aid kit including:
 - Ensuring all contents are maintained and replaced when necessary
 - Regularly checking the expiry date on the canister of the reliever puffer and replacing the reliever medication if expired or if low on doses
 - Replacing spacers in the first aid kit after each use. Spacers are now single-person use only. Once used, the spacer can be given to that person and replaced in the first aid kit. Disposable spacers should be named and dated [can be used for one week then disposed]
 - All devices used for the delivery of asthma medication will be cleaned appropriately after each use. Victorian Government Schools Policy and Advisory Guide – Student Health - Asthma Kits - Cleaning of Delivery Devices.
 - Encourage students to have own reliever medication and spacer with them at all times.
- Camps/Excursions - Schools should ensure:

- parents provide enough medication for the student if they are going away overnight
 - enough asthma emergency kits are available for the camp or excursion needs
 - that parents/guardians complete the ‘Camp’ Asthma Action Plan and the Education Department’s Confidential Medical Information for School Council Approved School Excursion form.
- **Exercise Induced Asthma** – Schools should ensure:
 - Adequate time is allowed before, during and after exercise for reliever medication to be taken
 - **Before:** Reliever medication to be taken by students 5-20 minutes before activity and student is able to undertake adequate warm up activities
 - **During:** If symptoms occur, student to stop activity, take reliever, only returning to activity if symptom free. If symptoms reoccur, student to take reliever and cease activity
 - **After:** ensure cool down activity is undertaken and be alert for symptoms
 - **If no plan is available** children are to be sat down, reassured, administered four puffs of a shaken reliever puffer delivered via a spacer – inhaling four deep breaths per puff, wait four minutes and if necessary repeat the cycle. An ambulance must be called if there is no improvement after the second four minute wait period or if this is the child’s first known attack. Parents will be notified whenever their child suffers a suspected asthma attack.
 - In order to reduce asthma triggers the school can
 - mow school grounds out of hours
 - plant low allergen gardens
 - limit dust
 - examine cleaning products
 - conduct maintenance activities which requires the use of chemicals over holiday periods
 - turn on fans, heaters and air conditioners out of hours after prolonged periods of non-use
 - **EVALUATION:**
This policy will be reviewed on a cyclic basis.

School Use Only

Version	7
Date	7/3/17
Ratified	20/3/17